



City of York Education Committee

ANNUAL REPORT

OF THE

PRINCIPAL

SCHOOL MEDICAL OFFICER

For the Year Ended 31st December, 1958

Alderman G. T. ROGERS,
Chairman

H. OLDMAN,
Chief Education Officer

School Clinic,
Rougier Street,
York



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Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the work of the School Health Service for the year 1958.

General

The health of the children of York has been of a high order and reflects the devoted care given by, and co-operation which exists between home and school, and school medical, general practitioner and hospital services.

Vaccination against Poliomyelitis

The staff of the School Health Service played a large part during the year in the successful drive for vaccination against poliomyelitis, which is primarily the responsibility of the Health Committee. There was an inevitable delay between the introduction of the scheme into this country, gaining the confidence of the parents, and the provision of an adequate supply of vaccine. For these reasons registrations were originally dealt with according to a month-of-birth formula laid down by the Ministry of Health and it was not practicable to give the injections in the schools. We should like to record our appreciation of the help received from staff in releasing children to attend the central clinics. This was a small constantly recurring inconvenience to them.

Child Guidance

With the improved physique of our school children, emphasis in the school health service shifts gradually from physical to mental health. Close co-operation between all who work for the good of the school child can only result in benefit to the child. We, therefore, attach considerable importance to a link which was established with the Regional Hospital Board during the year. Dr. Neville-Smith, Child Psychiatrist on the staff of the Leeds Regional Hospital Board, was appointed Psychiatrist to our Child Guidance Clinics. The post had previously been filled by an employee of the Education Authority.

School Clinic Premises

Our school medical staff work under very poor conditions in the inadequate Rougier Street premises. The converted Civil Defence decontamination centre (a relic of the 1939-45 war) is not worthy of the service which it houses. One hesitates to invite staff from other towns, various categories of students and university workers, who should contribute so much to the life of our School Health Service in York, to visit us in such poor premises. We would press for a new central clinic as a high priority in the Authority's Development Plans.

The body of this report has been compiled by our Senior Assistant School Medical Officer, Dr. F. B. Shevlin, on whose shoulders the major part of the work of the School Health Service falls. We thank him for another year of work which has helped to place the York School Health Service high among the services which are respected throughout the country.

To the Chairman and Members of the Committee, to the Chief Education Officer, and all who have contributed to the maintenance of the health of our York school children, we tender our sincere thanks.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

C. B. CRANE,

*Medical Officer of Health and
Principal School Medical Officer.*

THE EDUCATION COMMITTEE

Chairman :

Alderman G. T. Rogers, J.P.

Vice-Chairman and Chairman of Special and Social Services Sub-Committee :

(The Rt. Hon. The Lord Mayor, Councillor A. L. Philipson, J.P.)

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Councillor S. Palphramand, J.P.	The Rev. Fr. P. McAniff.

Chief Education Officer :

H. Oldman, M.A.

Deputy Education Officer :

J. Threlfall, B.A.

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

for the

YEAR ENDED 31st DECEMBER, 1958.

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1958

Medical Officer of Health and Principal School Medical Officer:

Miss C. B. Crane, M.B., B.S., D.P.H. (London).

Senior Assistant School Medical Officer:

F. B. Shevlin, M.B., Ch.B.

School Medical Officers:

Miss M. C. Barnet, M.B., Ch.B.

F. C. McNelis, M.B., B.Ch., B.A.O., L.M.

Ophthalmic Consultant:

J. Magnus, M.D., F.R.C.S. (Ed.), D.O.M.S.

Orthopædic Consultant:

H. L. Crockatt, M.B., Ch.B. Consulting Orthopædic Surgeon to The Adela Shaw Orthopædic Hospital, Kirkbymoorside) (resigned 30.9.58).

Principal School Dental Officer:

G. Turner, L.D.S.

School Dental Officers:

P. Gray, L.D.S. (resigned 23.7.58).

P. I. Townend, B.Ch.D. (part-time—commenced 26.11.58).

Anæsthetist to School Dental Officer:

Miss J. Yuill, M.D. (London), M.R.C.P. (Eng.) (part-time).

Superintendent Nursing Officer:

Miss A. W. Mather, S.R.N., S.C.M., H.V. Certificate, Q.N.

School Nursing Sisters:

Mrs. S. Dalton, S.R.N., S.C.M.

Miss E. Stoddart, S.R.N., S.C.M.

Miss M. Chetwynd, S.R.N.

Mrs. L. Reynolds, S.R.N.

School Nurse/Health Visitors:

Miss G. I. Callon, S.R.N., S.C.M., H.V. Certificate, Q.N.
Miss M. C. Kelly, S.R.N., S.C.M., H.V. Certificate.
Miss G. T. McAllister, S.R.N., S.C.M., H.V., Certificate.
Miss B. Hughes, S.R.N., S.C.M., H.V. Certificate, Q.N.
Miss E. English, S.R.N., S.C.M., H.V. Certificate.
Mrs. H. Hawksby, S.R.N., S.C.M., H.V. Certificate.

Dental Surgery Assistants:

Miss R. E. Glew (Dental Nurses' Certificate).
Miss J. W. Spence (commenced 20.1.58).

Speech Therapist:

Miss M. Dodson, L.C.S.T. (resigned 31.3.58).
Miss A. Nowell, L.C.S.T. (commenced 1.7.58).

Organisers of Physical Education:

Miss O. M. Smith.
Mr. G. Rees.

Chiropodist:

Mrs. F. Frankland, S.R.N., S.C.M., M.Ch.S.

Lip Reading Tutor:

Mrs. F. M. Oloman (qualified Teacher of the Deaf) (commenced 19.2.58).

Chief Clerk:

Miss D. J. Blaker.

General Clerks:

Miss M. Sowray.
Miss H. F. Milburn.
Miss C. M. Lonsdale.
Mrs. E. E. Hedinburgh.

Clerical Assistants to School Medical Officers:

Mrs. H. K. Keene (resigned 23.2.58).
Miss M. A. Robinson (commenced 3.2.58).
Miss M. J. Gledhill (commenced 12.5.58—resigned 14.12.58).
Miss J. K. Danby (commenced 29.12.58).

STAFF OF CHILD GUIDANCE CLINIC

Consultant in Child Psychiatry:

C. H. Neville-Smith, B.M., B.Ch., D.C.H., D.P.M.

Educational Psychologist:

Miss E. M. Johns, M.A., Dip.Ed., A.R.C.M.

Psychiatric Social Worker:

Miss M. Monkley, M.A., Dip. Social Studies, Certificate of Psychiatric Social Work (Edinburgh).

Child Psychotherapist:

Mrs. B. Kent, B.A. (commenced 5.12.58).

Secretary:

Miss D. M. Snowball (resigned 23.2.58).
Mrs. H. K. Keene (commenced 24.2.58).

GENERAL

Changes in Staff

Mr. H. L. Crockatt, Consulting Orthopædic Surgeon to the Adela Shaw Orthopædic Hospital for Children at Kirbymoorside for many years, retired at the end of September. He had been coming to the York School Clinic to hold a monthly session since November, 1925, and admitting to the hospital those cases needing in-patient treatment. The orthopædic services provided by the Leeds Regional Board are to be re-organised, and during the interim period the monthly clinics in York have been taken by Miss K. M. Adamson, Senior Hospital Medical Officer at the Adela Shaw Hospital.

The integration of the Health Visiting and School Nursing Services has proceeded smoothly during the year, there now being six Health Visitors undertaking combined duties.

Miss M. Dodson, Speech Therapist, resigned on 31st March to take a similar post in Blackpool. Miss A. Nowell, her successor, was not able to take up duty until 1st July, the work of the Speech Clinic lapsing during the interval.

Mrs. F. M. Oloman commenced work as part-time tutor to the lip reading class on 19th February. We were fortunate in getting this post filled so soon, the vacancy only having existed for two months.

Dr. C. H. Neville-Smith, Consultant in Child Psychiatry, Leeds Regional Hospital Board, took up duty at the Child Guidance Clinic at the beginning of the year.

Mrs. B. Kent commenced duty as a Child Psychotherapist, for four sessions a week, on 5th December, being employed by the Education Authority.

Courses and Meetings Attended

Dr. M. C. Barnet attended the International Congress on the educational treatment of deafness, at Manchester University, from the 15th to the 23rd July.

Dr. F. C. McNelis attended a Refresher Course on Eyes, organised by Dr. Shevlin for the School Health Council of the Society of Medical Officers of Health in York, from the 11th to the 14th of April. This Course was the first of its kind to be held in the City and was attended by 51 Medical Officers from all over the country.

Dr. F. B. Shevlin attended a Seminar on School Health and Health Education in London from the 25th to the 28th February.

The Child Guidance Inter-Clinic Conference in London on the 21st and 22nd March was attended by Miss M. Monkley, the Psychiatric Social Worker.

Dr. M. C. Barnet continued to represent the School Health Department at the monthly meetings of the Co-ordinating Committee for the care of Deprived Children.

Dr. F. B. Shevlin attended meetings of the Council of the School Health Group of the Society of Medical Officers of Health.

Houseparent Training Course

The Principal School Medical Officer, Principal School Dental Officer, Dr. Barnet and Dr. Shevlin, lectured to the students attending the first Houseparent Training Course to be held in York. The Superintendent Nursing Officer also assisted with this training.

Post Graduate Course

The Principal School Medical Officer gave the introductory lecture, and Dr. Barnet lectured on "B.C.G. Vaccination" to a week-end intensive Post Graduate Course on "Chest Diseases and the Family Doctor" held in York on 1st and 2nd November. The course was organised by the National Association for the Prevention of Tuberculosis.

Various talks were given to Parent/Teachers' Associations by members of the staff.

Camps for Handicapped Children

Two epileptic children enjoyed a summer holiday arranged by the British Epilepsy Association at Evenley Hall, Brackley, the cost being borne by the Local Education Authority.

Tuition outside School Premises

Thirteen children were provided with tuition in York hospitals during the year by teachers provided by the Local Education Authority. One child was given tuition at home.

Fairfield Hospital School

The school attached to Fairfield Sanatorium since 1920, was closed on 20th April. Numbers needing tuition fell progressively until there were only two York children out of six pupils in the school during its final term. Children in the hospital now receive individual tuition under the provisions of Section 56 of the Education Act, 1944, from the North Riding Education Authority, in whose area the hospital is situated.

Research

Statistics relating to the survey which the York School Health Service carried out in association with other School Health Authorities into the defects of school leavers are given on page 11.

Poliomyelitis—Administrative Memorandum No. 561

The School Medical Officers undertook vaccination of children against poliomyelitis for the Health Committee following the promise given by the Education Committee to give maximum help to get as many children as possible vaccinated before the summer of 1958. Ninety-one sessions were devoted to this work during the year. Further statistics will be found later in the report.

Dysentery

In the first quarter of the year 30 cases of Sonne Dysentery were reported; in the second quarter, 40. To limit the spread of the infection Head Teachers were asked to see that pupils washed their hands after visiting the toilet at

Total No. of Children seen	HEART					EARS					CRIPPLING (ORTH.)					CHEST					EPILEPSY					TOTAL ALL DEFECTS					Double Defects
	M.		F.		Tot	Ms.		M.		Tot	Ms.		M.		Tot	Ms.		M.		Tot	Ms.		M.		Tot	Ms.					
	F.	%	F.	%		F.	%	F.	%		F.	%	F.	%		F.	%	F.	%		F.	%	F.	%		F.	%	F.	%		
Birmingham	2	5	7	.5	—	27	15	42	3.8	8	12	9	21	1.8	2	13	5	18	1.5	—	3	11	4	0.3	—	57	35	92	7.9	10	6
Bucks.	14	9	23	2.3	9	8	11	19	2.0	4	12	7	19	1.9	1	14	7	21	2.2	1	3	5	8	0.9	3	51	39	90	8.5	18	5
Cardiff	14	6	20	2.5	9	29	16	45	5.6	9	14	7	21	2.8	4	13	5	18	2.3	—	1	1	2	0.2	—	71	35	106	13.4	22	5
Liverpool	20	32	52	2.0	4	82	55	137	5.3	9	36	25	61	2.4	5	38	25	63	2.5	2	6	6	12	0.4	—	182	143	325	12.7	20	14
L.C.C.	3	4	7	1.0	—	30	4	34	5.0	8	3	4	7	1.0	3	6	4	10	1.5	—	4	—	4	0.5	—	46	16	62	9.0	11	2
Manchester	9	8	17	1.0	2	18	27	45	2.9	11	2	14	16	1.0	4	11	9	20	1.3	—	2	4	6	0.4	—	42	62	104	6.6	17	2
Northallerton	1	1	2	—	—	13	12	25	2.3	1	7	3	10	1.0	—	8	1	9	0.9	1	1	1	2	0.2	—	30	18	48	4.4	2	3
Nottingham	10	8	18	2.0	—	26	18	44	4.4	8	6	11	17	1.7	—	9	11	20	2.0	—	1	5	6	0.6	—	52	53	105	10.5	8	6
Preston	5	8	13	1.3	4	4	11	15	1.5	9	8	5	13	1.3	3	7	3	10	1.0	—	1	1	2	0.2	—	25	28	53	5.3	16	5
Sheffield	10	8	18	2.0	6	35	21	56	6.0	17	2	2	4	0.5	—	13	7	20	2.0	—	2	—	2	0.2	1	62	38	100	10.0	24	3
Surrey	—	1	1	—	—	16	13	29	7.5	1	8	10	18	4.5	3	5	6	11	2.7	—	—	—	—	—	—	29	30	59	14.7	4	4
Tottenham	10	7	17	1.9	4	34	9	43	4.2	1	—	—	—	—	—	12	6	18	1.8	—	2	4	6	0.6	—	58	26	84	8.5	5	2
York	8	10	18	1.9	1	53	14	67	7.0	3	18	11	29	2.9	—	19	7	26	2.6	1	2	3	5	0.5	—	100	45	145	14.5	5	9
14,236	106	107	213	1.5	39	375	226	601	4.2	89	128	108	236	1.6	25	168	96	264	2.0	5	28	31	59	0.4	4	805	568	1,373	9.6	162	66

M.—Male
 F.—Female
 Tot.—Totals
 Ms.—Defects missed at previous medical inspections

school and soaked them in the Antiseptic Fluid provided by the Health Committee. The Senior Assistant School Medical Officer met the Local Medical Committee to try and enlist their help by adopting an agreed plan of campaign in dealing with the outbreak. There was no general agreement amongst the practitioners as to how they could best assist. There were 19 cases in the third quarter, and only 9 cases in the last quarter, a total of 98 for the year compared with 100 in 1957.

Health Education

The commonest cause of death apart from congenital conditions among school children is accidents. Many of these accidents are preventable, including those caused by fire. At the school medical inspection of school entrants each mother was presented with the Fire Protection Association's pamphlet, "A Child in Danger".

Some of the commonest minor defects found among schoolchildren, particularly towards the end of their school lives, are deformities of the feet—corns, bunions, bent toes, displaced toes, etc. These are caused almost wholly by unsuitable footwear. To try and prevent these minor deformities the pamphlet, "Children's Shoes", published by the British Boot, Shoe and Allied Trades' Research Association, was also given to each mother at the first school medical inspection of her child.

The examining doctors at school medical inspections advise mothers on problems particular to their children. Here is a unique opportunity for health education.

Hearing Aids

Seven transistor hearing aids were issued to York schoolchildren during the year. Two of these were later found to be faulty and were replaced by valve type aids. Six children had previously been given hearing aids and three of them continued to use this earlier issue. One of these children has been admitted to a residential school for the deaf.

Weighing Machines

Fourteen new weighing machines were delivered to the schools during the year as part of the policy of replacing old machines. In addition a new machine was installed in a newly opened school. These new machines are accurate within two ounces and we appreciate the provision of this up-to-date equipment.

Inspection by Medical Officer of the Ministry of Education

We were pleased to welcome Dr. Weaver for a two-day inspection of the York School Health Service at the beginning of the year.

Comprehensive Health Centre

There is a great need in York for a comprehensive Health Centre in which all the Health Services can be housed. At present they are housed in various adapted buildings in different parts of the City. The Central School Clinic in

Rougier Street was built during the war as a decontamination centre, but was fortunately never used for this purpose. It was subsequently adapted for the use of the School Health Service a year or two after the cessation of hostilities. The accommodation is both inadequate and unsuitable for the purpose for which it is used.

Open Air School for Delicate Children

York is proposing to replace its present school building, consisting mainly of wooden huts, by a new school building included in the 1958-59 Building Programme.

The new Open Air School will be built to the design of the City Architect on a site in Beckfield Lane, and will be completed, it is hoped, in 1960. It will be known as Northfield School.

SCHOOL POPULATION AND ATTENDANCE

The number of children on the registers of Primary, Secondary, and Special Schools in the month of December was 17,989 compared with 17,779 in the same month of the previous year. Children under five numbered 448 compared with 391 a year ago.

During the first quarter of the year the number of children on the registers fell to 17,692, but gradually increased during the summer term, reaching 17,762 in July. In October there was a marked increase to 17,995 at about which level the school population stayed until the end of the year.

In September the number of children seeking accommodation in Secondary Schools was 2,130 compared with a usual figure of about 1,450. Of the 1,508 children born in York and due to start school in 1957, 307 (20.3%) had left York by the time they had reached school age. The percentage attendances for the year were 92% for the over fives and 84% for the under fives.

HYGIENE IN SCHOOLS

Maintenance and repairs to school premises, including decorations, have proceeded in accordance with the Authority's programme, and the programme for the replacement of obsolete school furniture has been maintained, the sum of £33,500 has been allocated for this purpose, over the last seven years.

During the year under review a new primary school—Our Lady and English Martyrs' R.C. School—was opened and the extensions to Nunthorpe Grammar School were completed.

TRANSFER OF SCHOOL MEDICAL RECORD CARDS

During the year record has been kept of the requests received from other Authorities to transfer school medical cards to them, and also of requests made to other Authorities by the York School Health Department for the medical records of pupils who have come to live in York.

York sent 914 requests and received 494 cards in return. Of the 420 not received 15 were in respect of temporary removals; 62 of children from abroad or from private schools; and 1 of a boy over 20 years who was attending the Technical College. No medical records were available for the remaining 342.

On the other hand the York School Health Department received 594 requests from other Authorities and in all but 15 cases the records were sent. In each of these 15 cases the child had only stayed in York a short time. It is felt that most of these medical records would not go astray if they were not sent until a request was received from the Authority into whose area the child had gone to live permanently. Many Authorities transfer on verbal information given by child or parent.

SCHOOL MEDICAL INSPECTIONS

The number of children inspected during one session is limited to 20. This number is often too many, especially in the case of school entrants accompanied by their mothers. Fifteen five-year olds are sufficient for the shorter afternoon session.

The following groups have been inspected:—

- (a) Entrants to the Infant Departments (about 5 years).
- (b) Entrants to the Junior Departments (about 8 years).
- (c) Leavers from the Junior Departments (about 11 years).
- (d) Leavers from the Secondary Departments (about 14 years).

Each child thus comes under review every 3 years. It is hoped in addition that parents, teachers and nurses will ask for any child, whose health appears not to be up to standard, to be examined when the School Medical Officer is visiting the school.

In the Grammar Schools medical inspections are carried out at the ages of 13 years, 15 years and later, if the pupils stay on for sixth form work. In the Technical Schools and the School of Art the pupils are examined in the second year of their course. Besides special inspections carried out at the time of the school medical examination, the doctor sees children found to have had defects at a previous inspection to see if they have been remedied. These are re-inspections.

8,329 children were medically inspected during the year, whilst the number of special inspections was 6,385 and of re-inspections 2,722. These figures all show an increase over those of the previous year.

Consideration has been given to alternative methods of keeping a check on the health of schoolchildren, such as observation of the children in the school playground; a class inspection by the School Nursing Sisters; looking in at Physical Training periods, etc., but each of these methods falls short of a proper medical examination conducted by a Medical Officer to assess the health of a school child. Very few children are perfect and free from all defects, and even though these may be trivial, the examination is an opportunity for the school doctor to foster the ideal of positive health.

GENERAL CONDITION

At school medical inspections the examining doctors are asked to indicate if a child's physical condition is satisfactory or unsatisfactory. The percentage found to be unsatisfactory was 1.64% representing 137 children. Not all of these were poorly nourished or physically retarded. There is an increasing number of children whose physical condition is unsatisfactory because they are obese and overweight. Of the 137 children 24 were in this category.

AVERAGE HEIGHTS AND WEIGHTS OF CHILDREN EXAMINED IN 1958

Compared with the previous year in nearly all the age-groups there have been slight gains in the average weights of both boys and girls.

The following table gives the average heights and weights of children inspected during the year:—

AVERAGE HEIGHTS AND WEIGHTS OF CHILDREN EXAMINED IN 1958

BOYS						GIRLS					
Age	Number Examined	Average Height		Average Weight		Age	Number Examined	Average Height		Average Weight	
		Ft.	Ins.	St.	Lbs.			Ft.	Ins.	St.	lb s.
2	2	2	9.87	2	3.62	2	7	2	11.53	2	1.28
3	33	3	2.69	2	6.78	3	12	3	1.50	2	5.14
4	257	3	5.58	2	12.65	4	204	3	4.96	2	10.78
5	488	3	7.29	3	1.51	5	515	3	6.90	3	0.08
6	59	3	9.57	3	4.89	6	30	3	8.66	3	2.74
7	481	4	0.49	3	12.43	7	442	4	0.02	3	11.23
8	413	4	2.12	4	2.96	8	310	4	1.66	4	1.52
9	99	4	3.77	4	8.8	9	54	4	3.803	4	7.69
10	635	4	6.36	5	3.23	10	633	4	7.24	5	3.01
11	528	4	8.52	5	11.5	11	504	4	8.58	6	0.82
12	57	4	9.65	6	0.9	12	63	4	10.44	6	5.88
13	215	5	1.46	7	5.67	13	306	5	1.98	7	9.34
14	557	5	2.66	7	11.88	14	564	5	1.95	7	13.49
15	261	5	5.5	8	12.97	15	349	5	3.59	8	7.99
16	72	5	7.7	9	8.91	16	75	5	4.03	9	3.6
17	48	5	8.31	9	11.97	17	47	5	4.12	9	2.48
18	1	6	0.5	12	7.5	18	7	5	5.71	9	10.71
21	1	5	6.5	11	3	—	—	—	—	—	—

FINDINGS OF PERIODIC MEDICAL INSPECTIONS IN ALL SCHOOLS

Of the 8,329 children inspected, school entrants increased from 1,307 in 1957 to 1,518 in 1958. The previous year the figures had decreased from 1,376 to 1,307. There was also an increase in the number of school leavers inspected from 1,509 to 1,590. Only 10 school leavers were not inspected. Five of these attended the Technical College; 4 a boy's Grammar School, whilst the remaining 1, a Secondary Modern School boy, was in hospital. All had been sent for twice but did not attend.

The percentage of children found with defects requiring treatment was 12·4%, a decrease on the 1957 figure of 14·7%.

Among the group examined during its first year at the junior school, the percentage found with defects was as great as the overall percentage. This shows the value of this additional inspection carried out in York, midway between the one when the child first goes to school, and the one during the last year at the primary school.

VISION

It has not been possible to introduce the annual testing of the vision of every child each year, but each child is tested prior to school medical inspection, i.e., at least every 3 years. Any child who has been discovered to have defective vision is brought under review each year as a re-inspection.

The vision of all the 1,518 school entrants with the exception of 20 non-co-operators was tested by means of the Dr. Beale Collin's Picture Type Cards. This picture test appeals to the dullest of the children, needs no explanation, and only entails asking, "What is that?" as each picture is pointed out. The pictures may not be as accurate as the Snellen Types to which they are related, but they serve the main purpose of the testing, which is to pick out children who have defective vision in one or both eyes. A School Nurse is able to test a class of 30 school entrants in a session without giving the children a feeling of haste or causing them to feel nervous.

Among the school entrants 35 (2·3%) were found to need treatment and 101 (6·6%) supervision. Vision of 6/9 : 6/9 in a school entrant is recorded as needing supervision until the child is re-examined the following year.

Vision of 6/9 : 6/9 is regarded as normal. Older children are tested with Snellen Test Types. During the year 4·1% of all children examined in school were found to need ophthalmic treatment, whilst another 12·8% needed supervision, a total of 16·9%. If children with squints are included the percentage needing ophthalmic care is 19·6%. Children are tested for near vision at the end of their primary school careers when they have learned to read fluently. With the introduction of a new simple reading test suitable for children of 7 or 8 years, who have just learned to read, it is hoped to carry out the testing of near vision at an earlier age in future.

SQUINTS

222 children among those examined had or were suspected of having squints, i.e., 2·7%. 34 of these needed treatment, the others needed to be kept

under supervision only. 70 children (4.6%) at their first school medical inspection were found with squints, 52 of whom were already being treated. Only 18 were in need of treatment. This percentage of squints among school entrants is somewhat higher than the average for the last few years.

EXTERNAL EYE DISEASES

25 of the 51 children found with external eye diseases needed treatment, 19 of them for mild blepharitis. No serious cases of blepharitis were seen. The general improvement in the nutrition of the school child has almost banished this complaint, which caused so much trouble to School Medical Officers some 20 years ago.

TONSILS AND ADENOIDS

Only 234 children were seen among the children inspected with enlarged tonsils and adenoids. Some 40 of these were thought to need operative treatment.

Of all the children inspected 740 boys and 754 girls had already had their tonsils and adenoids removed.

The following table shows the percentage among the different age-groups examined who had had their tonsils removed:-

YORK SCHOOL MEDICAL INSPECTIONS 1958

Age Group Inspected (By year of Birth)	Number of children examined		Number of children found to have had tonsillectomy		Percentage found to have had tonsillectomy	
	Boys	Girls	Boys	Girls	Boys	Girls
1954 and later	148	111	6	3	4.05	2.7
1953	441	391	18	14	4.08	3.58
1952	206	248	12	13	5.83	5.24
1951	244	211	40	31	16.39	14.69
1950	506	422	70	57	13.83	13.51
1949	224	165	33	24	14.73	14.55
1948	281	239	61	41	21.71	17.15
1947	670	632	150	127	22.39	20.09
1946	309	317	69	71	22.33	22.40
1945	190	165	42	40	22.11	24.24
1944	291	341	75	92	25.77	26.98
1943 and earlier	697	880	164	241	23.53	27.39
Total	4,207	4,122	740	754	17.59	18.29

One child in four undergoes this operation in York sometime during its school career.

There is now no delay before children with this complaint are either seen at the Out Patient Department or before they are admitted for operation. 245 children had the operation during the year.

EAR DISEASE AND DEAFNESS

Of the children inspected 454 were found to have some abnormality of the ears or hearing. 16 had middle-ear disease requiring treatment and 24 deafness requiring investigation. Most of them, 294 in number, only required observation—154 for middle-ear disease that had been successfully treated, and 90 for varying degrees of deafness due in some cases to old middle-ear infection. 118 children had wax in their ears to such a degree as to warrant syringing. Only 5 of the 1,590 school leavers were found with aural discharges needing active treatment; 28 others were recorded as needing observation only. 5 were found to be deaf and were referred for investigation, whilst 18 others had already received treatment and only required observation.

LYMPHATIC GLANDS

352 children had glands sufficiently enlarged to be worth recording, but only 6 were referred for treatment. Most of the enlarged glands were associated with tonsillar infection. Tubercular glands are happily now a rarity.

SKIN DISEASES

504 children were found with skin conditions, of whom 238 required treatment. Athlete's foot was discovered between the toes of 55 children; eczema in 46 cases; verrucae in 33; whilst impetigo, once so common, was only found in 9 children. Acne Vulgaris is very common among the adolescents, especially boys, and is almost regarded as normal. 69 cases were recorded during school medical inspections and very severe cases were referred for treatment to hospital. Warts of the hands and legs are another common complaint among schoolchildren. 69 children were found with these ugly excrescences and in resistant cases were referred to hospital for treatment. During the fruit season, particularly in the autumn, urticaria afflicts some of the children. 21 cases were seen in school.

Although no cases of scabies were discovered at school medical inspections, 6 cases with 12 home contacts were treated at the Cleansing Centre. No cases of ringworm of the scalp were seen either at schools or in clinics during the year.

ENURESIS

64 boys and 41 girls were stated by parents, when their children were examined at school, to be bed wetters. This represents 1·3% of those inspected. It is well known that this disability is regarded by some as a matter of shame to be kept secret within the family. The percentage is much higher as Dr. Bransby's pilot survey in York a few years ago demonstrated. Among school entrants the percentage was 2·1%.

SPEECH

25 children of whom 4 had stammers, 5 lisps, and 16 dyslalia, were discovered at school medical inspection and referred for treatment. 113 others, mostly very young children whose speech would improve as they grew older, were recorded as needing supervision only.

RHEUMATISM

Like rickets, rheumatism has practically disappeared as a disease of children. There were no cases of rheumatic fever reported from hospital or elsewhere, and throughout the year only four medical certificates were received with the word rheumatism on them.

HEART DISEASE

With the disappearance of rheumatism, heart disease following acute attacks is also rarely seen. Although 90 children were noted as having cardiac murmurs, no new cases of organic heart disease were discovered.

DISEASES OF THE LUNGS

Although 271 children were noted as having chest signs only 15 were thought to need treatment—7 for bronchitis. 73 children were recorded as suffering from asthma: 2 from bronchiectasis. The majority of the others had bronchial colds or respiratory catarrh.

DEVELOPMENTAL DEFECTS

There were 416 children found with developmental defects of different kinds.

Undescended Testicles

Under this heading 75 boys were noted as having undescended testicles. 16 of these were sent to hospital as requiring treatment: the remainder were put down for observation until the boy was near 8 years old, when operative treatment might be considered. Reports were received in respect of 49 boys with this defect who had been seen and were being kept under supervision at hospital.

Obesity

The number of obese children in our schools appears to increase each year. In 1957 there were 99 seen at school inspections: this year the number had risen to 139. It is difficult to get parents and children to co-operate in keeping to a diet, so that in the majority of cases the condition shows no improvement when they are re-inspected.

Herniae

36 children were recorded as needing supervision for suspicions of early rupture. 16 were thought to need operative treatment. 25 reports were received in respect of children seen at hospital and 9 in respect of children operated on

for herniæ. The number of reports received from hospital in respect of all children receiving surgical in-patient treatment during the year was 49 compared with 144 in the previous year.

Circumcision

Only 2 out of the 4,207 boys inspected were found to need surgical treatment for phimosis. In 19 other cases advice was given and arrangements made for the boys to be re-inspected later.

ORTHOPÆDIC DEFECTS

Most of the orthopædic defects discovered among schoolchildren are of a minor character. There were 805 children discovered last year with such defects, only 130 of whom needed treatment. Slack posture accounted for 189; flat foot for 176; valgus deformity of the ankle for 105; slight degrees of knock-knee for 60; hallux valgus for 66; and deformed toes for 53.

NERVOUS DISEASE

25 children suffering from epilepsy were seen at school. In every case the fits were well controlled by drug therapy and the presence of the child in the class did not interfere with its ordinary day-to-day work. 21 children had other nervous complaints.

PSYCHOLOGICAL DEFECTS

109 educationally subnormal children were inspected, most of them being pupils at the Day Special School (E.S.N.) where an annual inspection is carried out. They are recorded under the heading of "Psychological-Development" on the school medical cards as needing supervision. Under "Psychological—Stability" are listed the biters of finger nails numbering 332, the bedwetters 105, the thumb-suckers 32, whilst 155 exhibited some other minor psychological disorder. Altogether some 7·5% of those examined showed such defects.

VACCINATION AND IMMUNISATION

Below in summary form are given the percentages of children vaccinated against poliomyelitis, smallpox and tuberculosis, and immunised against diphtheria, whooping cough and tetanus, at the different age levels. These figures are based on the information given by parents on the questionnaire which they complete in connection with the medical inspection of their children at school.

Groups	Vaccination			Immunisation		
	Polio.	Smallpox	Tuber- culosis	Dipht- heria	Whooping Cough	Tetanus
	%	%	%	%	%	%
Entrants to Primary Schools	45.7	41.0	3.7	69.2	58.1	9.3
Others	40.0	46.5	5.7	78.6	32.4	10.3
Leavers from Secondary Schools	31.6	48.1	48.3	81.5	14.5	7.5

Poliomyelitis

The percentage of entrants reported to have received at least two injections of the poliomyelitis vaccine is 45·7% which is quite an achievement for the first year of the campaign.

Smallpox

In an age of many prophylactic measures the number of children being vaccinated against smallpox is being maintained. The percentage among entrants was 41%.

Tuberculosis

The percentage of school leavers who had received B.C.G. Vaccination showed an increase from 35·2% to 48·3%.

Diphtheria

Among entrants the percentage immunised was 69·2% compared with 70·9% last year.

Whooping Cough

58·1% of the entrants compared with 55·2% were reported by their mothers to have been immunised against this disease.

Tetanus

The figure for this immunisation remained about the same.

PARENTS OR GUARDIANS PRESENT AT SCHOOL MEDICAL INSPECTIONS

Parents are invited by printed notice to be present at the school medical inspection of their children. 56·5% of parents attended. As one would expect the percentage of parents attending the first examination of their children in the infant departments was much bigger than at any other age. 83·7% of parents were present at this inspection.

DEFECTIVE COLOUR VISION

Children are tested for defective colour vision towards the end of their junior school career so that those found with this defect may be advised against choosing occupations where a normal appreciation of colour is necessary, well in advance of their leaving school. For the testing in school the Nursing Staff use the Ishihara Book of plates. Any child found to be defective is checked by the doctor at the school medical inspection and if the defect is confirmed, is referred to the Ophthalmic Department of the County Hospital for further investigation by an Edridge-Green Lantern Test.

76 children were so referred during the year. The results of the lantern tests were as follows:—

No. of children found to be unsafe for certain employments	50
No. of children found to be safe for any employment	... 18
No. of children who failed to attend	... ... 8

UNCLEANLINESS AND VERMINOUS CONDITIONS

Head inspections have been carried out by the Nursing Staff at the beginning of each term. As parents are not notified of these inspections, the children are not given special attention prior to inspection.

As a result of these head inspections which number at least three for every child during the course of the year, 396 individual children (2·2%) were found to be verminous. 164 of these children were found to be infested on more than one occasion and 69 on more than two occasions. Efforts are made by the Health Authority to get all the members of these chronically infested families to attend a cleansing centre so that all can be cleansed at the same time. These efforts are not always successful. D.D.T. Hair Emulsion is provided free to these families also if they will collect it from the School Clinic. If used properly once a week this emulsion would prevent nits from becoming lice. Despite all these provisions there appear to be some families, providentially few in number, who must remain more or less constantly infested and form a hard core which resists all efforts to effect a permanent cure to this problem.

The following figures reveal the extent of infestation amongst the school-children.

				<i>Girls</i>	<i>Boys</i>
Found to be verminous once	...	...		155	77
„ „ „	twice	...	...	66	29
„ „ „	three times	...		32	4
„ „ „	four or five times			26	4
„ „ „	six or seven times			2	1

During the year 115 schoolchildren were treated at the Cleansing Centre. Eight departments out of 56 where head inspections are carried out did not have a single case of infestation.

CLASS FOR THE PARTIALLY SIGHTED

This class which is housed in the Open Air School has 14 pupils, 2 of whom come from the North Riding. They suffer from the following defects:—

Retrolental fibroplasia with Nystagmus.

Congenital dislocation of lens in each eye (two cases).

Myopic astigmatism of high degree.

Toxoplasmosis.

Congenital cataracts.

Nystagmus (two cases)

Optic neuritis.

Heredo-macular degeneration with nystagmus.

Retro-bulbar neuritis (two cases).

Congenital coloboma of optic disc.

Congenital albinism.

A great change has taken place in regard to the type of case now admitted to this class. At one time most of the children suffered from marked myopia: now most of the cases are congenital defects.

Miss D. J. Noble, B.A., who is in charge of the class, holds the Teachers' Certificate of the College of the Blind.

ST. PAUL'S NURSERY SCHOOL

St. Paul's is the only nursery school in York, although there is a nursery class in one of the primary schools. It has 40 places and in the last term these places were filled by 24 boys and 16 girls. That the demand for this type of education is considerable is shown by the number of names of children awaiting admission in December. The number was 99 made up of 57 boys and 42 girls. There was no epidemic in the school during the year.

Miss Wilson, the Headmistress, reports on the much better and quieter conduct of the medical inspections since the number of children examined at one session was reduced from 20 to 13 or 14. There is less haste and the mothers are able to dress and undress the children at a much slower pace so that a feeling of calm and smoothness prevails.

THE OPEN AIR SCHOOL

I am indebted to Dr. Margaret Barnet, Medical Officer in charge of the school, for the following report:—

No. of children on register, 1st January	...	...	...	92
No. of children on register, 31st December	...	...	...	86
Admissions during 1958	...	...	...	29
Discharges during 1958	...	...	...	35

Reasons for Admission

Debility 9, Bronchitis 2, Respiratory infections 8, Catarrh 1, Asthma 2, Poor physique 1, Old A.P.M. 1, Post T.B. Meningitis 1, Post T.B. cervical adenitis 2, Arachnodactyly 1, Mitral stenosis 1.

As in previous years it is noticeable that the majority of admissions are of cases of chest troubles, colds, etc., and debility. Of 23 such cases 9 come from sub-standard homes, or from old houses in the more crowded districts.

Most of these children have shown considerable improvement during their stay at the school.

MENTAL TESTING

85 children were investigated during the year with the following results:—

Recommended for notification to Local Authority under Section 57 (5)	...	...	...	...	...	...	...	15
Recommended for notification to Local Authority under Section 57 (3)	...	...	...	...	...	...	...	9
Recommended for Day Special School (E.S.N.)	...	...	...	...	...	...	...	14
Recommended for admission to residential school for educationally subnormal children	...	...	...	...	...	...	...	2

Recommended to remain at Occupation Centre	...	...	...	1
Recommended for re-test on reaching school age	...	...	...	2
Recommended for admission to the Open Air School	...	...	...	2
Recommended to remain at the Open Air School	...	...	...	8
Recommended to remain at ordinary school	...	...	...	32

EDUCATIONALLY SUBNORMAL CHILDREN

York is fortunate in having the Fulford Road Day Special School (E.S.N.), which is able to accommodate all the educationally subnormal children not requiring residential school treatment, of whom there were ten in 1958.

There were 93 children—50 boys and 43 girls—on the register at the end of the year including 8 children from the North Riding and 1 from the East Riding Authorities. 15 children—10 boys and 5 girls—were admitted during the year including 3 from the North Riding and 19 children—14 boys and 5 girls—left the school, 3 of whom were from the North Riding. Of the 13 children who left school at the age of sixteen, 6—3 boys and 3 girls—were recommended for statutory supervision, and 7 children—5 boys and 2 girls—for voluntary supervision. Of the 8 boys and 5 girls who left the Fulford Road Special School (E.S.N.) at the age of sixteen during the year 5 and 4 respectively obtained employment. The other 6 children left the school for the following reasons:—3 were notified as ineducable after a trial period, 1 was transferred to the Class for the Partially Sighted, 2 left York.

Voluntary supervision is usually recommended when (1) the home circumstances are good, (2) the child's I.Q. is not too low (over 60 as a rule), (3) there is a likelihood of the child being able to earn his own living. Statutory supervision is recommended when (1) the home circumstances are unfavourable, (2) the child has no responsible parents, (3) the I.Q. is low, especially in the case of girls (usually below 60 although there is no definite level laid down), (4) a physical handicap is combined with the mental handicap making the chance of employment very unlikely, (5) there is some maladjustment associated with the mental handicap. There is an advantage in recommending every mentally handicapped school leaver for some kind of supervision on leaving school. If conditions worsen at home or a deterioration occurs in the character of the child put under voluntary supervision, it is known already to the Mental Health Department, and can be put under statutory supervision. This may obviate police court proceedings or enable the child to be placed in an Institution or dealt with in some other way.

During their last term at Fulford Road Special School (E.S.N.) leavers are invited to attend evening classes held in the school two nights a week. These classes are restricted to pupils who have attended the school at any time and are free up to the age of 18 years, when a fee of five shillings a session is charged. The classes in handicrafts for boys and girls are restricted to a maximum of 10 and are conducted by the same teacher who is responsible for these subjects in the school. The Headmaster takes classes in physical education and dancing. During the year 32 children enrolled for these evening classes. These evening classes for educationally subnormal children have been held in York since September, 1949.

HANDICAPPED CHILDREN

Handicapped children known to the School Health Department in December, 1958, were as follows:—

Blind. 1 boy in a residential school.

Partially Sighted. 7 boys (including 2 from the North Riding) and 7 girls in the Class for the Partially Sighted at the York Day Open Air School.

Deaf. 6 boys and 4 girls in residential schools.

Partially Deaf. None in residential schools and none awaiting admission but 3 boys and 5 girls in ordinary schools in York using hearing aids.

Delicate. 1 boy at a residential school: 45 boys and 41 girls at the York Day Open Air School. 4 of these are from the North Riding.

Diabetic. None in residential schools and none awaiting admission, but 4 boys and 2 girls in ordinary York schools receiving treatment from their family doctors.

Educationally Subnormal. 6 boys and 3 girls in residential schools, and 1 boy awaiting admission to a residential school. 48 boys and 41 girls, including 8 from the North Riding, in the York Day Special School (E.S.N.).

Epileptic. None in residential schools and none awaiting admission. 15 girls and 14 boys attend day schools in York. These include 3 at the Special School (E.S.N.), 1 at the Open Air School, and 1 in the Class for the Partially Sighted: the rest at ordinary schools.

Maladjusted. 3 boys in residential schools.

Physically handicapped. 3 boys and 2 girls in residential schools.

Defective Speech. 164 children attended the Speech Therapy Clinic during the course of the year.

THE PHYSICALLY HANDICAPPED SCHOOL LEAVER

Parents are asked, when a seriously handicapped pupil reaches school-leaving age, to sign a form giving consent to information as to his disability being passed to the Welfare Department of the Corporation. This transfer to the Handicapped Persons' Register makes many facilities available to the adult. The help given is practical as well as advisory. Financial assistance can be given to enable adaptations to take place in the handicapped person's own home; transport facilities are available to enable the handicapped person to take part in various activities such as social gatherings, outings and holidays, and handicraft centres are run several nights a week.

The blind and partially sighted children are known to the Welfare Department from the time of certification, so that continued care after leaving school is automatic. Two home visitors are engaged to look after the interests of the blind in York.

Welfare services for the deaf and hard of hearing are carried out by the Welfare Committee of the York and District Deaf and Dumb Benevolent Society. These services include interpreting, home visiting, advice and guidance on personal problems, placement in suitable employment, and the provision of social activities, outings and holidays.

TUBERCULOSIS

Notification

Only one girl, aged five years, was notified during 1958 as suffering from tuberculosis, and this was a case of tubercular neck glands.

Investigation of Contacts

A teacher at one school was found to have active pulmonary tuberculosis. 99 boys, who were taught by the teacher, and 12 members of the staff, were sent for X-ray examination of the chest as a precautionary measure. No active tuberculosis was found but five X-rays revealed abnormalities which were notified to the family doctors concerned.

Mass Radiography

Children found in the B.C.G. Scheme to be Mantoux positive, pupils in the Grammar Schools who intend to enter Training Colleges, and any child who for special reasons the doctor thinks should have an X-ray examination of the chest, attend the Mass Radiography Unit when it visits the City once a year. The following statistics summarise the findings in respect of such children during 1958:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
No. attending	126	109	235
No. referred for large film ...	1	3	4
No. found to have active TB ...	—	—	—
No. found to have quiescent TB	—	1	1
No. found with other defects ...	—	—	—

Prevention

B.C.G. Vaccination of the thirteen year olds in both independent and municipal schools has been carried out by the Health Committee through the School Health Service. In addition 24 children known to be contacts of tuberculosis were vaccinated at the Chest Clinic.

The following statistics summarise the work done under the B.C.G. Scheme during the year:—

No. of parents or guardians circularised	...	...	...	2,889
No. who gave their consent ... ..	...	...	...	1,315
Consent Rate ... ..	...	...	...	45·5%
No. of children Mantoux tested	...	...	...	1,226
No. of children not Mantoux tested	...	...	...	89
Reasons: Absent from school	...	...	...	80
Left school ... ..	...	...	...	6
Consent withdrawn	...	...	...	1
Excluded for medical reasons	...	...	...	2
No. of children who gave POSITIVE reaction to Mantoux test ... ..	...	...	...	272
Percentage of children who gave POSITIVE reaction	...	...	...	22·2%

No. of children who gave NEGATIVE reaction to Mantoux test	954
Percentage of children who gave NEGATIVE reaction ...	77·8%
No. of children (negative reactors) who were vaccinated ...	943
No. of reactors (negative reactors) who were not vaccinated	11
Reason: Absent from school	11
No. of children who showed satisfactory reaction on arm 8 weeks later	943
No. of children (included in above figures) who belong to non-maintained schools	417
Susceptibility Rate	77·8%

POLIOMYELITIS

There were 3 confirmed cases of poliomyelitis among school children during the year. One was paralytic, two non-paralytic. None had been protected by vaccination. The School Medical Officers devoted 91 sessions to poliomyelitis vaccination during the year.

The following figures relating to the work done by all doctors employed by the Health Department in respect of poliomyelitis vaccination show how successful the drive has been.

No. of children in respect of whom parents requested vaccination during the year	9,451
No. of children vaccinated	9,101
No. who received first injection	495
No. who received second injection	9,101
No. who received third injection	200
No. of children who were refused vaccination for medical reasons, e.g., allergy, etc., after further testing ...	—
No. of children who had been vaccinated against poliomyelitis who contracted the disease during the year	—
No. of children vaccinated since inauguration of the scheme	14,100

In the case of children reported to suffer from one of the allergic diseases, e.g., asthma, eczema and hay fever, preliminary skin tests were given. This was done by injecting one-tenth of the usual dose intradermally and inspecting the result ten minutes and again one hour later to see if any induration remained suggestive of any untoward response that might be anticipated to the usual dose. Dr. McNelis was responsible for this skin testing. No unusual reactions occurred among those vaccinated during the year. 223 children were so tested.

INFECTIOUS DISEASES

The following table shows the monthly incidence of infectious diseases during 1958, with comparative totals for the previous two years.

Month	Measles	Scarlet Fever	German Measles	Chicken- pox	Whoop- ing Cough	Mumps	Polio- myel- itis
January ...	—	1	—	3	—	10	—
February ...	—	3	—	9	—	4	—
March ...	—	2	1	15	—	1	—
April ...	—	1	—	6	1	1	1
May ...	2	3	1	5	2	2	—
June ...	42	1	5	8	—	5	—
July ...	14	1	1	13	—	1	—
August ...	7	2	—	—	—	—	—
September ...	3	—	1	1	2	1	—
October ...	2	5	—	2	1	—	—
November ...	147	14	—	1	3	1	1
December ...	395	25	—	1	3	—	1
Total, 1958 ...	612	58	9	64	12	26	3
Total, 1957 ...	844	30	56	96	26	138	1
Total, 1956 ...	27	58	46	109	93	16	1

There has not been a case of diphtheria amongst York schoolchildren since 1949. Measles developed on an epidemic scale towards the end of the year, the last epidemic having occurred in 1957. Whooping Cough, like diphtheria, appears to be on the way out. The incidence in 1958 was the lowest on record. Although the number of cases of poliomyelitis was small, it is hoped that the success of the vaccination scheme will abolish this disease altogether, as in the case of diphtheria. It is interesting to note that none of the three schoolchildren who contracted poliomyelitis had been vaccinated against it. Scarlet Fever is no longer regarded as a serious disease but in rare cases inflammation of the kidneys may still be a complication. Tonsillitis, which is a common complaint, is often caused by the same organism as scarlet fever. Although there was no epidemic of influenza in 1958 comparable to that in 1957, in some of the schools during January there was an absence rate of some 25% due to coughs and colds.

PHYSICAL EDUCATION—REMEDIAL CLASSES

Quite a number of children who have attended remedial classes for flat feet and been discharged as satisfactory, exhibit flat feet again when seen at school re-inspections. They can restore the arches of their feet when asked to do so, but normally stand with the arches down. Parents of such children are asked to keep them in footwear which **has** the inside of the shoe slightly raised,

usually one-eighth of an inch, so that by the ordinary exercising of the feet, as in walking, the arch is encouraged to restore itself. There are several proprietary brands of footwear on the market which cater for these children, and are only supplied on a medical certificate.

Two remedial classes for children with minor orthopædic defects such as bad posture and flat feet are held each week. Miss O. M. Smith, and Mr. G. Rees, Organisers of Physical Education, take the classes.

Miss Smith reports as follows:—

Remedial classes were held each Wednesday morning as formerly. The attendances were very satisfactory on the whole, and it is interesting to note that these were actually lowest during the summer term, which is unusual. Fewer children were referred for treatment during this period, and while we would like to think that the incidence of postural defects is on the wane, we think it more probable that this year is exceptional. Figures for this period are tabulated below:—

				<i>Spring Term</i>	<i>Summer Term</i>	<i>Autumn Term</i>
No. of children attending flat foot classes	...	...	...	18	23	16
No. discharged	...	...	...	10	10	7
No. attending posture classes	...	...	...	13	16	9
No. discharged	...	...	...	3	8	4
Attendance percentages	...	...	...	81%	79.5%	83.5%

Mr. G. Rees reports as follows:—

Classes in remedial exercises for boys with defective posture or flat feet have been held in the gymnasium at the St. George's R.C. Secondary Modern School. These classes have been held once weekly throughout each term.

Over the past year the numbers of children being advised to attend these classes by the School Medical Officers have fallen considerably. This perhaps is a good sign that the number of children suffering from poor posture or flat feet in the York schools is decreasing as a result of better standards of physical development and health.

It is pleasing to report that many parents have been able to accompany their children to these sessions. This has given parents some knowledge of the requirement of the specially prescribed movements and exercises for the particular defects, and ensured that they have been able to supervise effectively the exercises which the child has been advised to carry out at home.

The degree of severity of the defects vary considerably with each member of the class, some responding readily to treatment, others making only slow progress. However, the results on the whole this year have been satisfactory.

In the class for boys with flat feet, out of a total of 33, 17 boys yielded successfully to treatment, and were subsequently discharged by the School Medical Officers, whilst one left at Christmas, 1958, on attaining his 15th birthday, and 2 refused to continue to carry out treatment.

In the smaller class for boys suffering from defective posture, out of a total of 14, 6 were treated successfully, 1 left the district, and 1 failed to put in a regular attendance through serious illness.

SCHOOL CAMPS

Family Service Unit

Because of personnel difficulties no camp was held, but a number of children were given individual private holidays during the summer.

Haxby Road School Camp

This camp was held at Robin Hood's Bay for two separate weeks between 29th July and 12th August. 41 children attended the first week and 43 the second, the majority being Haxby Road schoolchildren, though older children came from 11 other schools. 10 volunteer teachers attended the camp on a part-time basis, there never being less than 6 present at any one time.

York Children's Holiday Camp

This camp was held at Saltburn, and was attended by 52 children selected by Head Teachers. The children were accommodated in the Youth Hostel where the Warden and his wife provided excellent meals and took a keen interest in the children's welfare. 6 volunteer teachers (3 men and 3 women) were in charge of the camp. All the children were in perfect health and no accidents marred the enjoyment of the holiday.

CONVALESCENT HOLIDAYS

15 girls and 10 boys were sent away to Convalescent Homes under the provisions of Section 28 of the National Health Service Act.

5	children	went	for	1	week.
7	„	„	„	2	weeks.
10	„	„	„	4	weeks.
2	„	„	„	6	weeks.
1	child	went	for	10	weeks.

PROVISION OF MEALS

The percentage of schoolchildren having their midday meal at school in December was 34%, a slight increase over the previous year. The percentage of meals supplied free to necessitous children was 13·3% compared with 12·6% in 1957. During holiday periods arrangements are made for children, including necessitous cases to continue to get their midday meal. Of the necessitous cases only 20% attended during the Christmas holiday, 22·3% during the summer vacation, whilst the maximum attendance of 25·4% occurred during the October break.

The following tables show the demand for school meals from a school population of close on 18,000 during the course of the year and during holiday periods.

SCHOOL MEALS

Average number of meals supplied daily

1958				Primary, Secondary Modern and Grammar Schools. and Further Education Full-time Pupils		Total
				Paid	Free	
January	...	...	...	4,748	630	5,378
February	...	...	...	4,808	691	5,499
March	...	...	...	4,724	719	5,443
April	...	...	...	4,802	750	5,552
May	...	...	...	4,749	725	5,474
June	...	...	...	4,407	695	5,102
July	...	...	...	4,296	700	4,996
September	...	...	...	5,134	675	5,809
October	...	...	...	5,167	673	5,840
November	...	...	...	5,042	675	5,717
December	...	...	...	5,028	671	5,699

Number of meals supplied on payment in 1958 926,960

Number of meals supplied free in 1958 141,747

MEALS SUPPLIED DURING SCHOOL HOLIDAYS

Holiday Periods, 1958				Percentage of Usual Demand.		Number of meals served.	
				Paid.	Free.	Paid.	Free.
Easter	...	...		·5	21·9	216	1,637
Whitsuntide	...			·4	23·3	72	674
Summer	...	...		·3	22·3	413	4,521
October	...	...		·4	25·4	114	854
Christmas	...	...		·2	20·0	74	1,072

Percentage of children in attendance taking school meals

during December, 1958 34·04%

PROVISION OF MILK

The percentage of children availing themselves of the free issue of milk in the last month of the year was 82·08% compared with 82·23% in the previous year.

The following table shows the average number of bottles of milk supplied daily to the different types of schools.

1958	Primary Schools	Secondary Modern Schools	Grammar Schools	Further Education	Totals
January	9,577	2,747	1,098	169	13,591
February	9,554	2,538	1,010	169	13,271
March	9,564	2,541	1,049	169	13,323
April	10,157	2,633	1,095	169	14,054
May	10,062	2,547	1,181	176	13,966
June	10,070	2,481	1,228	178	13,957
July	9,920	2,528	1,127	178	13,753
September	9,386	3,902	1,500	151	14,939
October	9,287	3,784	1,494	195	14,760
November	9,112	3,661	1,351	194	14,318
December	8,784	3,488	1,276	193	13,741

PROVISION OF CLOTHING AND FOOTWEAR

Clothing and footwear are provided for schoolchildren under Section 5 of the Education (Miscellaneous Provisions) Act, 1948.

For the year ended 31st December, 1958, the figures relating to the issue of free clothing and footwear were as follows:—

No. of children reported by Head Teachers and others as suffering educationally by lack of suitable clothing ... 392

No. of families involved ... 215

<i>Items</i>	<i>Boys</i>	<i>Girls</i>
Footwear ...	216	198
Overcoats ...	29	39
Jackets ...	48	—
Trousers ...	87	—
Underclothing ...	1	7
Dresses, tunics, blouses, etc. ...	—	132

The gross cost of this provision totalled approximately £1,100 (£1,200 in 1957); an average expenditure of £2 15s. 10d. per child (£3 2s. 0d. in 1957).

ARRANGEMENTS FOR TREATMENT

The School Health Service under the terms of the Education Act, 1944, offers advice and medical treatment to all children in maintained or voluntary aided schools. The staff works in close co-operation with the family doctors and

with the hospital authority. No child is referred to hospital without the family doctor being consulted, and on leaving school every child with a defect is notified to the family doctor. The School Clinic is open from 9—5-30 p.m., Monday to Friday; 9—12 noon, Saturday; except Bank Holidays.

In addition to the treatment of minor ailments, the following defects are dealt with at special clinics:—

Defective vision and squint; ear, nose and throat diseases; orthopædic defects; skin diseases; emotional, educational and character abnormalities (Child Guidance Clinic); dental troubles including orthodontic defects; verminous conditions; foot defects including those needing chiropody; speech defects.

Mothers of children with defects found at school medical inspections who would like to discuss the matter at greater length, are invited to come to the School Clinic for further consultation.

MINOR AILMENT OR CONSULTATION CLINICS

In order that the School Medical Officers might assist with the drive to get as many children as possible vaccinated against poliomyelitis, it was decided to limit the time given to the minor ailment clinics at Rougier Street to the period 9-0 a.m. to 10-0 a.m. each day. and to arrange for children requiring to see one of the doctors to come on a Monday, Wednesday or a Friday. Previously a doctor was available every weekday morning at the Central Clinic.

For this reason and because children are being seen at minor ailment clinics conducted in the new schools by the School Nursing Staff, the number of children who attended the Central Clinic declined from 5,081 in 1957 to 3,765. The number of children dealt with by the School Nursing Staff in the schools remained about the same—8,124 in 1957 and 8,116 this year.

17 departments are visited by the School Nursing Staff and minor ailment clinics conducted in them usually twice a week. The average attendance varies from 3 to 15 children a session. Any child concerning whom the Nursing Staff would like a doctor's opinion, is referred either to one of the School Medical Officers at the Central Clinic, or to the child's family doctor. Also children needing attention more often than twice a week are referred to the Central Clinic.

The following table shows the attendance at minor ailment clinics since 1948 when the National Health Service was introduced:—

Year	School Population	No. of Attendances at the Central Clinic	No. of Attendances at Minor Ailment Clinics in the Schools	Total Attendances
1948	15255	12,897	1,079	13,976
1949	15624	8,897	3,414	12,311
1950	15779	8,288	4,276	12,564
1951	15896	7,997	4,520	12,517
1952	16253	9,408	6,994	16,402
1953	16638	8,378	6,237	14,615
1954	17060	7,432	8,404	15,836
1955	17508	6,343	10,265	16,608
1956	17754	6,099	9,986	16,085
1957	17766	5,081	8,124	13,205
1958	17989	3,765	8,116	11,881

DETAILS OF THE VARIOUS MINOR AILMENT CLINICS

	Number of Sessions held	Average Attendance per. Session	Number of Children Attending Clinic	Number of Attendances
Central Clinic ...	327	11.5	1,406	3,765
Acomb Secondary Modern School	59	6.7	78	394
Ashfield Secondary Modern School	53	7.1	64	377
Beckfield Secondary Modern School	56	11.1	84	622
Burnholme Secondary Modern School	64	6.9	80	439
Burton Stone Secon- dary Modern School	48	13.9	76	665
Carr Infants' School	55	9.6	76	528
Carr Junior School ...	54	13.8	84	743
Danesmead Secon- dary Modern School	50	6.2	63	308
Derwent Junior School	67	12.5	164	840
Fulford Special School	63	6.5	38	409
Hob Moor Infants' School	60	4.5	99	270
Hob Moor Junior School	58	7.9	107	457
Open Air School ...	65	7.6	53	492
Our Lady and English Martyrs' Primary School	11	8.5	29	93
St. George's School ...	67	15.0	132	1,005
Westfield Infants' School	42	2.9	42	121
Westfield Junior School	44	8.0	93	353
Total Attendances				1,1881

OPHTHALMIC CLINIC

The Senior Assistant School Medical Officer, who is a recognised ophthalmic medical practitioner, conducts the Eye Clinic in the Rougier Street premises by agreement with the Regional Hospital Board.

During the year 1,497 children made 2,819 attendances at the clinic. 1,067 children were refracted compared with 825 in the previous year. A post mydriatic test is done on every child on whom cyclogyl drops is used to facilitate the refraction. 781 children had spectacles ordered for them, 595 only needing a change of lenses. 166 children were found not to need spectacles. 53 children had their spectacles discontinued. 87 children with squints were referred to the Orthoptic Clinic, and 15 children without squints to the Consultant Ophthalmic Surgeon at hospital for advice or treatment.

During the year the names of 681 children refracted at the School Clinic and provided with free glasses by the Hospital Board were notified to the department

The School Health Department in York is fortunate in obtaining information including prescriptions concerning all schoolchildren for whom glasses were prescribed at hospital and under the Supplementary Ophthalmic Scheme for recording on school medical records.

During the year 1,398 children had glasses prescribed for them: 781 at the School Clinic; 138 at the hospital and 479 under the Supplementary Ophthalmic Scheme. Parents of children refracted at the School Clinic are given a list of all the dispensing opticians in York and allowed to go to whichever one they fancy.

Children who break their glasses come to the School Clinic for repair forms. Before issuing them the School Nursing Sister in charge of the Eye Clinic tests their vision with lenses of the last prescriptions ordered, and if it is not satisfactory the children are referred back to whoever refracted them last for a fresh examination. During the year 443 children broke their glasses.

The closest co-operation exists between doctors, opticians and staffs of all departments dealing with the ophthalmic care of York's schoolchildren.

EAR DISEASES

During the year 218 ear complaints were treated, 78 of them being referred from school medical inspections. 31 children had discharging ears: 14 were deaf: 53 complained of earache and 105 needed their ears syringing because of wax. 3 had furunculosis, 1 catarrhal deafness, and the remainder various complaints. Of the 31 children with suppurative otitis media 17 were successfully treated at the School Clinic, 5 were referred to general practitioners, 2 left school, 4 were sent to hospital and the remaining 3 were still receiving treatment at the end of the year. Of the 14 children seen because of deafness 2 were discharged after successful treatment at the School Clinic, 3 were referred to hospital, 1 was sent for an audiometer test, whilst 6 were found to have satisfactory hearing. Altogether 502 attendances were made by children for ear conditions.

AUDIOMETRY

With the staff available it has not been possible to introduce any scheme for the routine audiometric testing of children in schools. The 82 children who have been tested have been referred by School Medical Officers, Nursing Staff, Parents, Teachers or the Speech Therapist because of suspected deafness

in one or both ears. Dr. F. C. McNelis has carried out the testing under difficulties associated with an ordinary non-sound-proof room in a busy building, using a Peters Pure Tone Audiometer, and I am indebted to him for the following particulars:—

No. of children tested	...	...	...	...	...	...	82
No. of children whose hearing was found to be normal	...						40
No. of children found to be deaf	...	...	...	...	...		42

Of these 42 children 22 were referred to the E.N.T. Department of the local hospital, 18 were asked to return for another audiometric test, 1 left York and 1 was recommended for a favourable position in class.

Of the 22 children referred to hospital, 10 had their tonsils and adenoids removed, 1 had the adenoids alone removed, 2 had antral washouts in addition to the removal of their tonsils or adenoids, 3 had normal hearing when tested at hospital, 1 had normal hearing after treatment by nosedrops, 1 received treatment for otitis media, 2 with one ear normal were not given any treatment, 1 with deafness due to old chronic otitis media was not given any treatment, and 1 was found to have high tone deafness.

Of the 18 children who were recommended for another testing, 7 were found to be normal on this occasion, 2 were recommended for a further test, 1 left school and 8 are still to be done.

ORTHOPTIC CLINIC

I am indebted to Miss J. Cowell, the Orthoptist at the County Hospital where this clinic is held, for the following statistics concerning York school-children during 1958:—

No. of new cases referred in 1958	...	...	...	...	...	...	58
No. of attendances	...	...	...	...	...	...	267
No. of patients seen	...	...	...	...	...	...	97
No. of patients discharged cured							
With operation	...	...	...	...	...	...	2
Without operation	...	...	...	...	...	...	16
No. of patients discharged cosmetically cured:							
With operation	...	...	...	...	...	...	3
Without operation	...	...	...	...	...	...	5
No. of patients refused:							
No orthoptic treatment required or unsuitable	...	...					14
No. of patients who ceased to attend			...	...	...	...	1
Transferred	...	...	...	...	...	...	2
No. of cases carried over to 1959	...	...	...	...	...	...	52
31st December:							
On treatment...	...	...	...	...	...	...	9
On occlusion	...	...	...	...	...	...	11
Under observation	...	...	...	...	...	...	32
On waiting list for treatment	...	...	...	...	...	...	—
On waiting list for operation	...	...	...	...	...	...

CHILDREN WITH MULTIPLE DEFECTS

There are 9 children in York with more than one serious defect or deformity apart from deaf mutes. Their handicaps are as follows:—

Epilepsy with educational subnormality 3, cerebral palsy, dysarthria and educational subnormality 1, hemiplegia and partial sightedness 1, epilepsy and left hemiplegia 1, epilepsy and right sided hemiparesis 1, epilepsy and hydrocephalus 1, hemiplegia, partial sightedness and hydrocephalus 1.

ORTHOPÆDIC CLINICS

Mr. Crockatt, the Medical Superintendent of the Adela Shaw Orthopædic Hospital at Kirbymoorside, who held these monthly clinics at Rougier Street for many years, retired in the Autumn and his deputy, Dr. K. M. Adamson, has carried on the work.

At the 10 clinics held, 152 children were seen compared with 179 in the previous year. The number of attendances made were 275 compared with 308. The type of case now seen at these monthly clinics has changed profoundly over the years. Tubercular disease of bones and joints is seldom seen. Minor defects of feet are now the commonest complaint. The following list of 69 new cases seen at these monthly clinics reveal the change for the better that has come about in the orthopædic scene. Bunions 6, bursitis elbow 1, “clicking joints” 1, curly or overlapping toes 9, deformity toes 1, discomfort foot 1, flat feet 13, hammer toes 4, hallux valgus 5, injury foot 1, knock-knee 1, kyphosis 1, pes cavus 6, Perthe’s disease 5, scoliosis 2, pain heel 3, sprained ankle 1, torticollis 1, valgus ankle 4, valgoid feet 3.

The number of children admitted to hospital during the year was 16. The reasons for their admission are bronchiectasis 1, claw feet 1, club foot right 1, club foot and spina bifida 1, deformity toes 1, hammer toes 2, infantile hemiplegia 2, kyphosis 1, monoplegia 1, pes cavus 1, poliomyelitis 3, torticollis 1.

Orthopædic cases usually of an acute nature (e.g., fractures) are dealt with at the two local hospitals. Reports in respect of 104 children have been received, 11 of whom were admitted for treatment.

CHIROPODY

A weekly chiropody clinic was held in the School Clinic. 44 sessions were held, attended by 372 children, who made 1,327 attendances. The demand for this type of treatment appears to grow slightly each year. The details relating to the clinic with those of last year in brackets are as follows:—

No. of children treated for verrucæ	...	...	298 (272)
No. of children treated for corns	...	...	33 (36)
No. of children treated for other defects	...	...	40 (42)

Children with verrucæ are excluded from swimming baths and P.E. until the condition has been treated.

EPILEPSY

As far as is known there are 29 schoolchildren with epilepsy attending ordinary schools in York (14 boys and 15 girls). There are no children in residential schools. They are all under their family doctors for treatment and supervision. Their fits in the great majority of cases are so well controlled that they do not constitute any problem in being accommodated in ordinary schools. The teachers co-operate by dealing sympathetically and practically with the occasional fit that occurs in school.

CEREBRAL PALSY (SPASTICS)

Excluding the children who have been found to be ineducable in previous years, there are 27 cases of cerebral palsy known to the department over the age of 2 years. 17 are boys and 10 girls. 18 of them attend ordinary schools; 1 the Open Air School; 1 the Class for the Partially Sighted; 1 the Day Special School for educationally subnormal pupils; 1 is at a residential school for physically handicapped children; 1 is at a hospital special school; 1 at a residential school for educationally subnormal children; 1 was not of school age. During the year 2 spastic children have been notified to the Local Authority as ineducable.

MISCELLANEOUS EXAMINATIONS

Number of Corporation staff on appointment	...	...	...	...	154
Number of entrants to Training Colleges	...	...	...	...	36
Children for part-time employment	...	...	...	...	297
Children prior to camps and holidays	...	...	...	...	151
Boys prior to boxing tournaments	...	...	...	...	51
Children prior to admission to residential schools, etc.	...	...	...	...	37

BACTERIOLOGICAL INVESTIGATIONS

60 rectal swabs were taken in connection with the outbreak of Sonne Dysentery in the schools: 10 of these were found to be positive. Only 1 throat swab was taken during the whole year, revealing the insignificant place now occupied by those two scourges of years ago, viz., diphtheria and scarlet fever.

YOUTH EMPLOYMENT MEDICAL REPORTS (Forms Y9 and Y10)

At the end of each term a completed form is sent to the Youth Employment Bureau in respect of each school leaver with some disease or defect.

On the Form Y9 a recommendation is made for the school leaver not to be employed in any occupation that would cause deterioration in his condition, e.g., asthma, or that would be a danger to others, e.g., epilepsy. The child's complaint is not revealed on this form. In more serious cases a Form Y10 is completed on which the parents give their written consent to the nature of the child's disability being stated so that the employer might be informed and the child engaged accordingly. 51 reports were sent of which 22 were in respect of children with defective colour vision. No Forms Y10 were issued in 1958.

PART-TIME EMPLOYMENT

In York, schoolchildren are not allowed under local bye-laws to take up any remunerative employment unless they are 14 years of age. Furthermore they are not allowed to work for more than two hours between the hours of 4-0 p.m. and 6-30 p.m. on a weekday, or for more than four hours on a Saturday between 8-0 a.m. and 6-30 p.m. The employment undertaken is usually that of newspaper delivery, delivery of shop orders or assisting in a shop or multiple store. 297 children were examined for this purpose of whom 3 were found unfit at the time of examination to follow their part-time employment. One of these with bronchitis was later passed as fit.

GENERAL PRACTITIONER MEDICAL REPORTS

Continuing the practice commenced in 1957, reports were sent to general practitioners in respect of 414 school leavers found with defects needing treatment or supervision at their last school medical inspection, or in whose case there was some medical information of value to the family doctor.

REFERRALS TO HOSPITAL BY SCHOOL MEDICAL OFFICERS

During the year 214 letters were sent to general practitioners concerning children about to be referred to consultants at hospitals by School Medical Officers. In these letters the general practitioners were asked if they wished to see the children themselves. In only 9 cases was this requested. In addition 83 letters were sent notifying general practitioners that children had been referred to hospital in respect of squint or other ophthalmic conditions.

HOSPITAL REPORTS

Reports in respect of schoolchildren seen or treated at hospital are not sent automatically for every child by some departments at the hospital. When it is discovered at school inspections that a child has been to hospital a report is sent for if not already received. There is every reason to believe that some children are seen at hospital in respect of whom no report is received. In 1958 the number of reports received both in regard to out-patients and in-patients showed a decrease in comparison with the previous years. The decrease amounted to 25% in the case of in-patients, and 5% in the case of out-patients. Compared with 1948, when the Education Authority paid the hospital Authorities in respect of each child seen or treated, the decrease amounts to 45% for in-patients and 32% for out-patients.

The following table gives particulars relating to those children seen at hospital, in respect of whom reports have been received by the School Health Department during 1958:

	Total No. of cases	No. of out-patients	No. of in-patients
SKIN DISEASES			
Warts	25	25	1
Other conditions	26	26	1
Total	51	51	2
EAR, NOSE and THROAT DISEASES			
Tonsils and adenoids	450	287	245
Ear conditions	107	107	7
Nasal conditions	59	59	1
Other conditions	66	66	3
Total	682	519	256
MEDICAL CONDITIONS			
Asthma	9	8	1
Cardiac	19	19	—
Chest conditions	17	17	—
Epilepsy	5	4	1
Rheumatism	2	1	1
Other conditions	107	82	26
Total	159	131	29
SURGICAL CONDITIONS			
Injuries (casualties, etc.)	13	13	—
Orthopaedic conditions	104	93	11
T.B. cases Meningitis	1	1	—
Cysts	4	4	—
Septic conditions	11	11	—
Herniae	25	20	9
Undescended testicles	49	47	8
Other conditions	70	51	21
Total	277	240	49
EYE CONDITIONS			
Eye diseases	35	35	—
Refractions	204	204	—
Squints	147	147	—
Total	386	386	—
Grand Totals 1958	1555	1327	335
Grand Totals 1957	1780	1405	450
Grand Totals 1956	1439	1175	519

SCHOOL DENTAL SERVICE

I am indebted to Mr. Graham Turner, Principal School Dental Officer, for the following report:—

The policy of offering full treatment to secondary school children only, owing to inability to recruit staff, which was started in 1957, was continued in 1958. Full treatment is offered to other children only when a special request is made by the parents. This policy has again shown a greater number of permanent teeth being saved per session than in 1956 or than 1957 when selective treatment began. We were able to inspect more children in school than in 1957 (1,286 more): on the other hand fewer casual patients attended than in either 1957 or 1956, presumably because private dentists were better able to attend to them.

The picture which is seen all over Britain of children needing more and more treatment is repeated in York. Many young adolescents need much reparative treatment. It is not unusual to find children who need a dozen or more fillings in permanent teeth. It is significant that in 1951, 2,270 children made 5,460 attendances, and in 1958, 1,379 children made 6,421 visits. This is the price we pay for bad diet, rich in sugar and refined carbohydrates, and the inability of Local Authorities to obtain dental staff.

Of 5,376 children inspected, 4,288 children required treatment, or 79% compared with 80% in 1957 and 78% in 1956; not a significant change. It appears that a peak of about 80% of children need treatment in any year, but that whilst this figure has now remained steady for 3 years, the decay rate in susceptible children has increased.

The oral hygiene is better, and one sees few dirty mouths—it is sometimes possible to inspect a secondary school and find all the children with clean mouths—a great difference from ten years ago and a tribute to the help given me by teachers and headteachers. A series of propaganda wall pictures has been circulated around all secondary schools, and has probably stimulated interest in oral hygiene. As one would expect the teenage girl takes more interest in her teeth than does the teenage boy.

Whilst every effort has been made to increase the number of fillings in permanent teeth, orthodontic treatment has been confined to a few children, who, due to various circumstances, e.g., regularity of attendance, interest of parents, etc., would derive the most benefit.

CITY OF YORK CHILD GUIDANCE CLINIC

I am indebted to Dr. Neville-Smith, Consultant in Child Psychiatry, Leeds Regional Hospital Board, for the following report:—

There were several staff changes (see introduction for details) and the clinic building was repainted and largely refurnished during the year. We were pre-occupied at the beginning of the year by the large number of children who were waiting for diagnostic assessment, or treatment, or a final decision about their future, in addition to a vigorous inflow of new cases. This is reflected in the increased number of new cases seen by the psychiatrists—roughly half as many

again as in 1957—and also in the extension of the use of therapeutic groups. This experience of group work has been most instructive, results having sometimes been disappointing, sometimes highly encouraging. Although for some children group therapy is the treatment of choice, very careful selection of cases is essential. In our view, group therapy is in no way a short-cut method of reducing a treatment waiting list.

Miss Monkley represents the Child Guidance Clinic Staff on the Co-ordinating Committee. She also serves on the York Adoption Committee and confers regularly with the Children Officer, Medical Officer and Superintendent of the Children's Homes. She and Miss Johns have given talks to various groups in the City and to students at St. John's Training College.

Students from Ripon Training College and from University of Leeds Institute of Education as well as trainees in various branches of Social Work, have attended to gain insight into Clinic Working or for purposes of Child Study. We welcome the opportunity thus afforded for preventive work in mental health.

We have selected from a formidable array of statistics, those figures most likely to give a clear picture of the complex and inter-dependent work of the clinic-team. Out of a number of points that arise, readers might particularly note: (1) Of new cases seen by the psychiatrist, boys out-numbered girls, 2 to 1. (2) A remarkably high proportion of these boys were highly intelligent, more than a quarter being of average grammar school standard or above. (3) The girls (see Table III) rarely showed difficult behaviour in a social or school setting, but provided nearly all the cases of neurotic disorder. This finding suggests that in York girls are much more prone than boys to conform to accepted standards at school and in the world at large, but sometimes at the cost of their own emotional stability.

Perhaps one should comment also, that in Table III, by no means all the children in "Group 1" were referred through the courts, though out of 10 court referrals 7 fell in this category. Certainly those who still maintain that the Child Guidance Clinic deals mainly with children who are very dull, delinquent or "queer", will find little in these Tables to support this popular fallacy.

We were greatly relieved to find that by the end of 1958, our waiting lists had shrunk to a finite size, so that in the coming year no severely disturbed parent or child need wait too long before *something* is done. But an enormous gap still exists between the sometimes rather cursory service we can give now and that which we would like to provide. It is like being able only to administer first-aid to a patient who requires prolonged hospital treatment. This sad state of affairs will continue until more clinic staff become available, and our work is supplemented by in-patient facilities for very disturbed children and adolescents—an amenity in which the region is almost completely lacking. We are, however, much heartened by the recognition in many of our friends of the needs of this rapidly growing service.

Finally, we are often asked "What sort of child do you most like referred?" This is a difficult question, for in this blend of clinical medicine and social service there are no "good" or "bad" cases—only children in varying need of different kinds of help. Even today, however, there remains a danger of children

being referred more for the disturbance they are causing than for their own individual distress. The boy who throws an inkpot at his teacher is often much less ill than the girl who in class is almost too good, but cannot mix with other children on the playground. Children who are excessively shy, withdrawn, anxious, or bothered by unreasonable fears are often overlooked until too late. This is a pity, for we find such children are amongst those who respond best to treatment.

In conclusion, the clinic team would like to state how greatly they have enjoyed the visits of doctors and workers in the social services who have called in to discuss problems of common interest. Such visits are always welcome and we hope we shall make a number of new friends in 1959.

TABLE 1
NEW CASES SEEN BY PSYCHIATRISTS BY AGE AND SEX

Age				Boys	Girls	Total
Pre-School	...	...	...	2	1	3
5— 7	...	...	...	9	7	16
8—10	...	...	...	26	14	40
11—13	...	...	...	20	5	25
14 and over	...	...	...	13	5	18
Total	...	...	...	70	32	102

TABLE II
INTELLIGENCE RANGE OF PSYCHIATRISTS' NEW CASES—1958

I.Q.	Description	No. of Boys	No. of Girls	Total
130 +	Highly intelligent children—the top 4%	13	1	14
129—110	Bright children—the next 25% ...	16	11	27
109— 90	“Average” children—the middle 46%	25	8	33
89— 70	Dull children—the lower 22% ...	11	9	20
Under 70	Seriously retarded children—the bottom 3%	2	1	3
Untested	Mostly very young children ...	3	2	5
	Total ...	70	32	102

It will be observed that the number of highly intelligent children seen in 1958 at this Clinic considerably exceeded the figure one would expect to find in a random sample of the population, and that the number of “average” children is rather less than expected.

TABLE III

PRINCIPAL PRESENTING SYMPTOM, AS ASSESSED AT FIRST INTERVIEW BY PSYCHIATRISTS, OF 102 CHILDREN SEEN IN 1958

Group	Definition	Boys	Girls	Total
I	Maladjustment in relation to society, (i.e. pilfering, truanting, lying, destructiveness, wandering)	19	1	20
II	Maladjustment in relation to school, (i.e. poor work despite good intelligence, behaviour problems)	15	1	16
III	Maladjustment in relation to home life, (i.e. aggressive, attention-seeking, inhibited behaviour)	21	6	27
IV	Neuroses (i.e. anxiety, phobias, conversion hysteria, compulsive rituals)	2	9	11
V	Psycho-Somatic and Somatic-Psychic disorders, (i.e. disordered bodily function associated with emotional disturbance)			
	(a) Wetting and Soiling	17	9	26
	(b) Allergies, Tics, Speech Defects	6	4	10
	(c) Emotional disorder secondary to organic disease, (i.e. from Epilepsy, Gross backwardness, Tuberculosis)	4	2	6
VI	Sexual difficulties	7	2	9
VII	Psychotic Disturbance, (i.e. children not fully in touch with their surroundings)	0	2	2
	Total ...	91	36	127

Note:—It will be observed that the number of “presenting symptoms” exceeds the number of children seen. Children were classed in one category as far as possible, but when *two* complaints appeared to be of almost equal importance (as, for example, pilfering and soiling) both were listed. No child appears in more than two groups.

TABLE IV

STATE ON DISCHARGE OF THE 20 CHILDREN ON REGULAR
TREATMENT WHOSE CASES WERE CLOSED IN 1958.

			Reason for Case Closure		
A	Greatly improved	1	B	Better adjusted	8
	Improved	16		Left district	9
	Little change	3		Parent's wish	3

SPEECH THERAPY CLINIC

Miss A. Nowell, L.C.S.T., who has been in charge of the Speech Clinic since the 1st July, has sent the following report:—

The Speech Therapy Clinic was re-opened in July after an interval of 3 months. The main problem at that time was to decide which of the former patients still needed attention, and which had improved spontaneously in the intervening time.

Of 61 children under treatment and 56 children awaiting treatment, 37 were discharged as cured or improved before October, and 20 others either refused further help or else had moved out of the district or were now over school age.

When a child is referred for speech therapy, an interview is arranged as soon as possible. If the child is in need of immediate treatment he begins to attend regularly. Sometimes, however, the defect is slight or the child considered too young to benefit from formal treatment. They are then placed under observation and seen at three or six monthly intervals until either they begin treatment or they have improved enough to be discharged.

It is very important that very young children with severe defects should be seen at least once and the parents advised upon the best course of action. Sensible help at home can often improve or in some cases completely cure the speech difficulty, preventing the need for specialised help later. This is particularly true of dyslalic children.

Attendances on the whole have been fairly satisfactory and the majority of parents are co-operative and interested. If they are unwilling to help the child, the chances of real progress are severely limited as regular practice and correction are essential in most cases.

Tang Hall School has been visited weekly, and an average of 8 children treated there. Children at Hob Moor School are also to receive treatment on the premises from January, 1959.

Stammering remains the biggest problem in the Speech Clinic though often advice on general management of the stammering child affects some improvement.

Each child who is referred to the Speech Clinic can be seen initially in school so that unnecessary visits to the Clinic are eliminated, and a clear impression of the particular handicap can be gained from the teachers.

I would like to thank Dr. Shevlin and the staff of the School Clinic for their help, and also all the Head Teachers of schools, who have been most co-operative

Average number of appointments kept weekly at the clinic	...	40
Average number of appointments kept weekly at the schools	...	8
No. of children on waiting list in July, 1958	...	56
No. of children on the waiting list at the end of the year	...	14
No. of children under treatment or observation	...	71
No. of children discharged cured or improved	...	46
No. of children who failed to attend for treatment	...	27
No. of visits to schools since July	...	70
Total No. of attendances at school and clinic	...	873

N.S.P.C.C.

The following statistics summarise the work of Inspector Hindmarsh in his efforts to prevent cruelty among the children of York.

Neglect	...	70
Ill-treatment	...	5
Assault	...	5
Cases persons seeking Advice concerning their children	...	24
Total number of cases	...	106
Number of parents warned or advised	...	153
Number of children dealt with	...	265
Number of supervision visits made in connection with these cases	...	654
Prosecutions	...	3
Juvenile Court cases	...	4

REMAND HOME

Dr. Barnet, with occasional assistance from the other School Medical Officers, gives both treatment and supervision to the boys admitted to the York Remand Home. Each boy is medically inspected within 24 hours of admission to and discharge from the Home. The Child Guidance Clinic is available and gives opinions and advice about some of the boys admitted, particularly with regard to suitable placement. The Home is under the care of the York Children Committee, the Warden and Matron being Mr. and Mrs. P. Cother.

Mr. Cother has provided the following statistics in relation to the work of the Home for the year:—

Number of boys admitted during 1958	...	196
Number of York boys	...	40
Number of other boys	...	156
Average length of stay	...	21.5 days
Longest stay	...	42 days
Shortest stay	...	1 day

Intelligence quotient range of some 97 boys admitted in 1958:—

	<i>Range</i>								<i>No. of Boys</i>
Below	60	...	...	...	...	...	...	...	4
	61—70	...	...	...	...	...	...	...	17
	71—80	...	...	...	...	...	...	...	11
	81—90	...	...	...	...	...	...	...	18
	91—100	...	...	...	...	...	...	...	21
	101—110	...	...	...	...	...	...	...	14
	111—120	...	...	...	...	...	...	...	7
Over	120	...	...	...	...	...	...	...	5

Offences or reason for being in the Remand Home

Larceny 100, breaking and entering and larceny 25, absconding from school or home 13, non-attendance at school 8, storebreaking 7, breach of probation 7, housebreaking and larceny 6, care of a Local Authority 5, indecent assault 5, driving away a vehicle without owner's consent 5, beyond control 4, wilful damage 3, in need of care and protection 2, arson 2, carrying an offensive weapon 2, shoplifting 1, attempting to commit suicide 1.

YORK FAMILY SERVICE UNIT

I am indebted to Mr. P. Seed, M.A., for the following report on the work of the Unit during 1958.

Compared with the preceding year, 1958 has seen a modest expansion of the work undertaken by York Family Service Unit following a stabilisation of their personnel position. From 1st October there were three full-time workers including a Casework Organiser.

During the year 21 new families were taken on, the case-load at the end of the year being 36. Caseworkers contacts with families totalled 1,614, while 1,583 contacts were made with other agencies in the families' interests.

At the end of the year there were 87 children of school age in families visited regularly by the Unit. In some of these cases the Unit worker was able to assist with problems of school attendance, verminous heads, lack of suitable clothing and dirty home conditions. The Unit aimed to attain a close relationship with the parents in order to win a greater measure of co-operation. Different situations required different approaches and the Unit's methods were flexible. In extreme cases intensive practical help was coupled with an attempt to show understanding of complex personal difficulties.

In addition to working with parents, the Unit gave help to children in various ways: parties, outings, Christmas toys, clothing. A group met weekly at the Unit for cookery and catered for girls who either would not easily fit into other clubs or whose parents would not co-operate in their attendance elsewhere. A number of children were given individual private holidays during the summer.

The Unit is particularly grateful for the co-operation and interest of the School Health Service.

DEATHS AMONGST SCHOOLCHILDREN

There were 6 deaths amongst schoolchildren during the year.
The causes were as follows:—

1. Polycystic Disease of Pancreas and Lungs.
2. Epileptiform Convulsions and Cerebral Palsy.
3. Intestinal Obstruction and Congenital Volvulus.
4. Asphyxia Due to Drowning. (Verdict of murder against parent).
5. Motor Vehicle Accident.
6. Diabetes Mellitus.

YORK SCHOOLS' ATHLETIC ASSOCIATION

I am indebted to Mr. W. E. Coleman, the General Secretary, for sending me a copy of the 45th Annual Report. This reveals a notable increase in the number of children taking part in the many and varied activities of the 12 sections which make up the Association. These sections comprise Association Football, Rugby League Football, Swimming (Secondary and Junior), Cricket, Athletics (Secondary and Junior), Rounders (Secondary and Junior), Netball (Junior), Hockey, and Boxing. The trophies for the schools with the biggest percentage of swimmers were won in the boys' section with over 90% and in the girls' section with over 80%. In boxing 12 boys reached the Yorkshire County Finals and 7 won County badges. One boy reached the National Semi-Final. The annual awards were made in the Mansion House by the Lord Mayor, Councillor A. L. Philipson, J.P., in the presence of the Civic Party.

The essential feature of the Association is the voluntary work of the teachers, which being so freely given, ensures the attainment of a reasonable ability and provides a high standard of physical, mental and moral development in the children under their charge.

COST OF SCHOOL HEALTH SERVICE

Mr. B. Littlefair, the City Treasurer, has kindly supplied the following information in regard to the cost of the School Health Service for the year. The figures for the previous year are shown in brackets:—

				£
Gross Cost of School Health Service	...	...	...	24,606 (£25,509)
Government Grant	...	...	...	14,764 (£15,305)
Net Cost to Rates	...	...	...	9,842 (£10,204)
Amount produced by 1d. Rate	...	...	...	4,970 (£4,950)
Net Cost to Rates in terms of 1d. Rate	...	...	...	1.98d. (2.06d.)

SUMMARY OF WORK DONE, 1958

Periodic Medical Inspections	...	...	...	...	...	...	8,329
Special Inspections	...	...	...	...	...	...	6,385
Re-inspections	...	...	...	...	...	...	2,722
Total							17,436
Periodic Dental Inspections	...	...	...	...	...	...	4,066
Special Dental Inspections	...	...	...	...	...	...	1,310
Number of children treated by School Dental Surgeons	...	...	...	...	...	...	1,379
Number of attendances at Clinics:							
Minor Ailments at Rougier Street Clinic	...	...	...	...	...	...	3,263
Chiropody Clinic	...	...	...	...	...	...	1,327
Dental Clinic	...	...	...	...	...	...	6,421
Ear Clinic	...	...	...	...	...	...	502
Mental Testing	...	...	...	...	...	...	85
Ophthalmic Clinic...	...	...	...	...	...	...	2,819
Orthopædic Clinic...	...	...	...	...	...	...	275
Acomb Secondary Modern School Clinic	...	...	...	...	...	...	394
Ashfield Secondary Modern School Clinic	...	...	...	...	...	...	377
Beckfield Secondary Modern School Clinic	...	...	...	...	...	...	622
Burnholme Secondary Modern School Clinic	...	...	...	...	...	...	439
Burton Stone Secondary Modern School Clinic	...	...	...	...	...	...	665
Carr Infants' School Clinic	...	...	...	...	...	...	528
Carr Junior School Clinic	...	...	...	...	...	...	743
Danesmead Secondary Modern School Clinic	...	...	...	...	...	...	308
Derwent Junior School Clinic	...	...	...	...	...	...	840
Fulford Road Special School Clinic	...	...	...	...	...	...	409
Hob Moor Infants' School Clinic	...	...	...	...	...	...	270
Hob Moor Junior School Clinic	...	...	...	...	...	...	457
Open Air School Clinic	...	...	...	...	...	...	492
Our Lady and English Martyrs' School Clinic	...	...	...	...	...	...	93
St. George's School Clinic	...	...	...	...	...	...	1,005
Westfield Infants' School Clinic	...	...	...	...	...	...	121
Westfield Junior School Clinic	...	...	...	...	...	...	353
Number of inspections by School Nursing Staff for uncleanness	...	...	...	...	...	...	46,796
Number of home visits made by Nursing Staff	...	...	...	...	...	...	734
Number of visits to schools by Nursing Staff	...	...	...	...	...	...	1,845
Number of "follow-up" cases	...	...	...	...	...	...	3,640

SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINICS

RETURN MADE TO MINISTRY OF EDUCATION
POSITION ON 31ST DECEMBER, 1958

I. STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance).

Principal School Medical Officer : DR. CATHERINE B. CRANE.
Principal School Dental Officer : GRAHAM TURNER.

	Number of Officers	Numbers in terms of full- time Officers employed in the School Health Service
(a) Medical Officers (including the Principal School Medical Officer):—		
(i) whole-time School Health Service	3	3
(ii) whole-time School Health and Local Health Services	1	0.10
(iii) General Practitioners working part-time in the School Health Service	—	—
(b) Physiotherapists, Speech Therapists, etc.		
Speech Therapist	1	1
(c) (i) School Nurses (Including 1 full-time post held by temporary School Nurse not holding Health Visitor's Certificate.)	12	7.20
(ii) Number of the above who hold a Health Visitor's Certificate ...	7	—
(d) Nursing Assistants	2	2

	Officers employed on a Salary basis		Officers employed on a Sessional basis	
	Number of Officers	Numbers in terms of full-time Officers employed in the School Dental Service	Number of Officers	Numbers in terms of full-time Officers employed in the School Dental Service
(e) Dental Staff:—				
(i) Principal School Dental Officer ...	1	1	—	—
*(ii) Dental Officers ...	—	—	1	0.09
(iii) Orthodon- tists (if not already in- cluded in (e) (i) or (e) (ii) above	—	—	—	—
TOTAL ...	1	1	1	0.09
			Number of Officers	Numbers in terms of full-time Officers employed in the School Dental Service
(iv) Dental Attendants (There is a vacancy for 1 full-time Dental Attendant not included in these figures)			2	2
(v) Other Staff			—	—
* There are 2 vacancies for Assistant Dental Officers not included in these figures				

2. NUMBER OF SCHOOL CLINICS 2

A Certain amount of minor ailment treatment is carried out in the Medical Inspection Rooms at 17 Schools.

III. TYPE OF EXAMINATION AND/OR TREATMENT PROVIDED

Examination and/or treatment (1)	Number of School Clinics (i.e. premises) where such treatment is provided	
	directly by the Authority (2)	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
(a) Minor ailment and other non-specialist examination or treatment	18	—
(b) Dental	2	—
(c) Ophthalmic	—	1
(d) Ear, Nose and Throat	—	—
(e) Orthopædic	—	1
(f) Pædiatric	—	—
(g) Speech Therapy	1	—
(h) Others (Specify) :— Chiropody... ..	1	—
Remedial exercises carried out by the Organisers of Physical Education	2	—

IV. CHILD GUIDANCE CLINICS.

- (1) Number of Child Guidance Clinics provided by the Authority : 1
(2) Staff of Clinics :

	Number	Aggregate in terms of the equivalent number of whole-time officers
*Psychiatrists	2	0.45
Educational Psychologists	1	1
Psychiatric Social Workers	1	1
Pædiatricians, Play Therapists, Social workers, etc. (excluding Clerks) (Specify) :— Psychotherapist	1	0.36
* One Psychiatrist who works one session per week is employed by the Authority. The other Psychiatrist is employed by arrangement with the Regional Hospital Board.		

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

During the calendar year ended 31st Dec., 1958 handicapped pupils	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Mal-adjusted		(9) Epileptic	TOTAL (1) - (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped Pupils <i>newly placed</i> in Special Schools (other than hospital special schools) or Boarding Homes ...	1	2	3	—	28	2	12	1	—	49
B. Handicapped Pupils <i>newly assessed</i> as needing Special educational treatment at Special Schools or in Boarding Homes	2	1	3	—	28	2	15	—	—	51
On or about January 31st 1959, number of Handicapped Pupils from the Authority's area who										
C. (i) were on the register of Special Schools as—										
(a) Day Pupils ...	—	12	—	—	84	2	84	—	—	182
(b) Boarding Pupils	3	—	10	—	1	4	9	3	—	30
(ii) were on the register of independent schools under arrangements made by the Authority ...	—	—	—	—	—	1	—	—	—	1
(iii) were boarded in Homes and not already included under (i) or (ii)	—	—	—	—	—	—	—	—	—	—
TOTAL C ...	3	12	10	—	85	7	93	3	—	213

	(1) Blind (2) Par- tially sighted		(3) Deaf (4) Par- tially Deaf		(5) Deli- cate (6) Physi- cally Handi- capped		(7) Educa- tionally sub- normal (8) Mal- adjusted		(9) Epi- leptic	TOTAL (1) - (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
D. were being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals	—	—	—	—	—	7	—	—	—	7
(ii) in other groups (e.g. units for spastics, conva- lescent homes)	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	—	2	—	—	—	2
E. were requiring places in special schools										
(i) TOTAL										
(a) day	—	—	—	—	—	—	—	—	—	—
(b) boarding	—	—	—	—	—	1	1	—	—	2
Pupils included in the totals above:—										
(ii) who had not reached the age of 5:—										
(a) awaiting day places	—	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places	—	—	—	—	—	—	—	—	—	—
(iii) who had reached the age of 5 but whose parents had refused consent to their admission to a special school:—										
(a) awaiting day places	—	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places	—	—	—	—	—	—	—	—	—	—

F. were on the registers of hospital special schools 4

G. During the *calendar* year ended 31st December, 1958, number of children reported to the local health authority—

(a) under Section 57(3) (excluding any returned under (b))	...	8
(b) „ „ 57(3) relying on Section 57(4)	...	—
(c) „ „ 57(5)	...	13

of the Education Act, 1944

H. During the *financial year* ended 31st March, 1958, amount spent on arrangements under SECTION 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school £571 11s. 6d.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1958.

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1959 ... 17,903

PART I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (including Nursery and Special Schools).

TABLE A
PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1954 and later	259	258	99.61	1	0.39
1953	832	819	98.44	13	1.56
1952	454	443	97.58	11	2.42
1951	455	442	97.14	13	2.86
1950	928	912	98.28	16	1.72
1949	389	385	98.97	4	1.03
1948	520	511	98.27	9	1.73
1947	1,302	1,285	98.69	17	1.31
1946	626	616	98.40	10	1.6
1945	355	346	97.47	9	2.53
1944	632	622	98.42	10	1.58
1943 and earlier	1,577	1,553	98.48	24	1.52
Total	8,329	8,192	98.36	137	1.64

TABLE B
PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL
INSPECTIONS

(Excluding Dental Diseases and infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1954 and later	3	13	16
1953	20	77	92
1952	13	41	53
1951	13	41	53
1950	36	86	115
1949	17	32	46
1948	29	39	67
1947	42	128	163
1946	30	51	79
1945	15	30	42
1944	29	66	92
1943 and earlier	93	127	212
Total	340	731	1,030

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	6385
Number of Re-Inspections	...	...	...	...	...	2722
						—
		Total	...	...	...	9107
						—

TABLE D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	46,796
(b) Total number of individual pupils found to be infested	...	...			396
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	—

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A
PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	26	59	63	47	149	160	238	266
5	Eyes—								
	a. Vision ...	35	101	76	271	229	696	340	1,068
	b. Squint ...	18	52	—	18	16	118	34	188
	c. Other ...	3	4	3	3	19	19	25	26
6	Ears—								
	a. Hearing	2	23	5	18	17	49	24	90
	b. Otitis								
	Media	3	41	5	28	8	85	16	154
	c. Other ...	17	7	17	5	86	38	120	50
7	Nose and Throat ...	34	175	8	26	32	288	74	489
8	Speech	3	48	1	5	21	60	25	113
9	Lymphatic Glands	1	128	1	18	4	200	6	346
10	Heart	—	20	—	20	2	48	2	88
11	Lungs	7	70	3	18	5	168	15	256
12	Developmental—								
	a. Hernia ...	5	13	2	1	9	22	16	36
	b. Other ...	2	43	4	38	22	255	28	336
13	Orthopaedic—								
	a. Posture ...	3	10	4	41	23	108	30	159
	b. Feet ...	12	48	13	44	52	189	77	281
	c. Other ...	1	58	2	26	20	151	23	235
14	Nervous System								
	a. Epilepsy	—	2	1	4	3	15	4	21
	b. Other ...	—	7	1	—	—	13	1	20
15	Psychological—								
	a. Development	—	6	—	2	—	101	—	109
	b. Stability	3	98	2	87	9	425	14	610
16	Abdomen	—	7	—	1	5	24	5	32
17	Other	2	8	2	16	1	30	5	54

TABLE B—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
(1)	(2)		
4	Skin	328	43
5	Eyes—a. Vision	827	966
	b. Squint	91	26
	c. Other	85	9
6	Ears—a. Hearing	28	44
	b. Otitis Media	29	25
	c. Other	113	14
7	Nose and Throat	68	134
8	Speech	19	55
9	Lymphatic Glands	12	64
10	Heart	4	42
11	Lungs	4	39
12	Developmental—		
	a. Hernia	3	8
	b. Other	12	124
13	Orthopaedic—		
	a. Posture	10	28
	b. Feet	73	97
	c. Other	46	94
14	Nervous System—		
	a. Epilepsy	—	15
	b. Other	1	4
15	Psychological—		
	a. Development	3	4
	b. Stability	12	186
16	Abdomen	1	5
17	Other	413	19

PART III
TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED
PRIMARY AND SECONDARY SCHOOLS
(Including Nursery and Special Schools)

TABLE A
EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	297
Errors of refraction (including squint) ...	2,327
Total ...	2,624
Number of pupils for whom spectacles were prescribed	1,398

TABLE B
DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:—	
(a) for diseases of the ear	7
(b) for adenoids and chronic tonsillitis ...	245
(c) for other nose and throat conditions ...	4
Received other forms of treatment	1,346
Total ...	1,602
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) in 1958	7
(b) in previous years	3

TABLE C
ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	396
(b) Pupils treated at school for postural defects	12
Total ...	408

TABLE D
DISEASES OF THE SKIN
(Excluding uncleanliness, for which see Table D of Part 1)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	6
Scabies	7
Impetigo	64
Other skin diseases	1,208
Total ...	1,285

TABLE E
CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	154

TABLE F
SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists ...	164

TABLE G
OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	2,143
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccina- tion	655
(d) Other than (a), (b) and (c) above Please specify:	
Chiropody	372
UVL Treatment at the Open Air School	108
Total (a) — (d) ...	3,278

PART IV
DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY

1. Number of pupils inspected by the Authority's Dental Officers:—								
(a) At Periodic Inspections	...	...	...	...	...	...	4,066	
(b) As Specials...	...	...	...	...	...	...	1,310	
						Total (1)	5,376	
2. Number found to require treatment	...	...	...	...	...	...	4,288	
3. Number offered treatment	...	...	...	...	...	...	4,288	
4. Number actually treated	...	...	...	...	...	...	1,379	
5. Number of attendances made by pupils for treatment, including those recorded at heading 11 (h)	...	...	...	...	...	...	6,421	
6. Half-days devoted to:—								
(a) Periodic (School) Inspection	...	...	...	...	...	...	14	
(b) Treatment	...	...	...	...	...	...	499	
						Total (6)	513	
7. Fillings:—								
(a) Permanent Teeth	...	...	...	...	...	...	3,130	
(b) Temporary Teeth	...	...	...	...	...	...	42	
						Total (7)	3,172	
8. Number of Teeth filled:—								
(a) Permanent Teeth	...	...	...	...	...	...	3,008	
(b) Temporary Teeth	...	...	...	...	...	...	42	
						Total (8)	3,050	
9. Extractions:—								
(a) Permanent Teeth	...	...	...	...	...	...	763	
(b) Temporary Teeth	...	...	...	...	...	...	1,130	
						Total (9)	1,893	
10. Administration of general anæsthetics for extraction	...	...					853	
11. Orthodontics:—								
(a) Cases commenced during the year	...	...	...				49	
(b) Cases carried forward from previous year...	...	...					23	
(c) Cases completed during the year	...	...	...				6	
(d) Cases discontinued during the year	...	...	...				—
(e) Pupils treated with appliances	...	...	...	...			24	
(f) Removable appliances fitted	...	...	...	...			31	
(g) Fixed appliances fitted	...	...	...	...	...		2	
(h) Total attendances	...	...	...	...	...	...	369	
12. Number of pupils supplied with artificial teeth	...	...	...				22	
13. Other operations:—								
(a) Permanent teeth	...	...	...	...	...	...	347	
(b) Temporary teeth	...	...	...	...	...	...	—
						Total (13)	347	

